

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22474

State File No.

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Plattsburg</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Plattsburg</u>	<u>0250</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 Walnut</u>		d. STREET ADDRESS (If rural, give location) <u>200 Walnut</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVA</u>	b. (Middle) <u>Lois</u>	c. (Last) <u>Dickinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 14 1889</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>62 1 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nathan Watkins</u>	13b. MOTHER'S MAIDEN NAME <u>Liza Shanate</u>	14. NAME OF HUSBAND OR WIFE <u>William Dickinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Dickinson</u>	ADDRESS <u>Plattsburg MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6+ mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of the sigmoid</u>		
ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause(s), stating the underlying cause last.		DUE TO (c) <u>153X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION (Day) (Month) (Year) <u>6-6-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid with liver metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 5-10 1951, to 7-4 1951, that I last saw the deceased alive on 6-28 1951 and that death occurred at 7 P m., from the causes and on the date stated above.

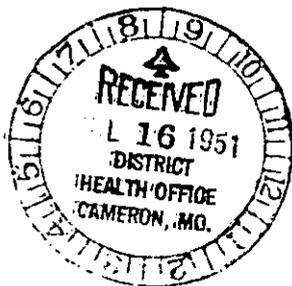
23a. SIGNATURE (In free or title) <u>P. T. Luckenbill, MD</u>	23b. ADDRESS <u>Plattsburg, Mo.</u>	23c. DATE SIGNED <u>7-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>July 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Seacord</u>	441	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Ryan</u>	ADDRESS <u>Plattsburg, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 2 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Danell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Pleattsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.