No. 300
10.48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26286

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY Callaway 0143
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton.
c. LENGTH OF STAY (In this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal. 0644
d. STREET ADDRESS (If rural, give location) 2120 Grace ST. 1.

3. NAME OF DECEASED (Type or Print) a. (First) SUSAN. b. (Middle) V. c. (Last) Dickson.

4. DATE OF DEATH (Month) 8 (Day) 13 (Year) 1951

5. SEX F. 1
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. 1
8. DATE OF BIRTH DK.
9. AGE (In years last birthday) 77. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY SAME
11. BIRTHPLACE (State or foreign country) Mo. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME D.K.
13b. MOTHER'S MAIDEN NAME D.K.
14. NAME OF HUSBAND OR WIFE Mr. J.C Dickson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) DK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. DK
17. INFORMANT'S SIGNATURE OR NAME Hospital Records. ADDRESS Fulton Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parotid abscess.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis. Senility.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 537X
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9, 1951, *to* 8-13, 1951, *that I last saw the deceased alive on* 8-13, 1951, *and that death occurred at* 9.30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. P. Price MD. by A. Fueyo MD
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 8-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 15, 1951
24c. NAME OF CEMETERY OR CREMATORY Mount Olivet
24d. LOCATION (City, town, or county) Hannibal (State) Mo.

DATE REC'D BY LOCAL REG. Aug-13-1951
REGISTRAR'S SIGNATURE Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home. ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 20 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, Mo.

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

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