

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23904

FILED AUG 4 1952

BIRTH NO. REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4122 Registrar's No. 16

1270
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nixa Rt. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nixa Rt. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nixa Rt. #1		d. STREET ADDRESS (If rural, give location) Nixa Rt. #1	

3. NAME OF DECEASED (Type or Print) Oliver M. Dickens			4. DATE OF DEATH (Month) (Day) (Year) July 18 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 9 Jan. 1870		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis Dickens	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 500-01-8657	17. INFORMANT'S SIGNATURE OR NAME Walter Dickens ADDRESS Rt. #5 Springfield, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Seven days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **7-15-52** to **7-18, 1952**, that I last saw the deceased alive on **7-15**, 19**52**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Donald Shuffler (Degree or title) Dr.	23b. ADDRESS Nixa	23c. DATE SIGNED 7-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-20-52	24c. NAME OF CEMETERY OR CREMATORY Robberson Prairie
		24d. LOCATION (City, town, or county) (State) Greene County Mo.

DATE REC'D BY LOCAL REG. 7-21-52	REGISTRAR'S SIGNATURE Allen Greer	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No. 468

Signed Sidney J. Pether
Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 4196

P. O. Address Springfield

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.