

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

28513

MURDER

REGISTRAR'S No. 363

BIRTH NO. <u>20 AUG 26 1952</u>		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>363</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Malena</u> c. LENGTH OF STAY (in this place) <u>41 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rt # 4 Box 386</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Malena</u> d. STREET ADDRESS (If rural, give location) <u>Rt # 4 Box 386</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Manford</u> b. (Middle) <u>S</u> c. (Last) <u>Dickson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1952</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-5-1911</u>	9. AGE (in years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rt # 4 Joplin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Richard Dickson</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Barrett</u>		14. NAME OF HUSBAND OR WIFE <u>Janialee Dickson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Janialee Dickson Rt # 4, Joplin Mo</u>		ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Myocardiosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTHRITIS DEFORMANS</u> DUE TO (c) <u>10 YRS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ABDOMEN MASSIVE EDEMA LIMBS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 MOS</u> <u>1 MO</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7230</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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 <u>Nov 1946</u> , to <u>AUG. 14, 1952</u> , that I last saw the deceased alive on <u>Aug 14, 1952</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. E. Exer...</u> (Degree or title)				23b. ADDRESS <u>530 1/2 Main St Joplin</u>		23c. DATE SIGNED <u>8-15-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8-16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-18-52</u>		REGISTRAR'S SIGNATURE <u>Ed O. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thamhill-Dillon Mort</u>		ADDRESS <u>Joplin, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-25-52  
Jasper County Health Office

County File Number 5210/64

Date Filed 8-25-52

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

Licensed Embalmer No.

P. O. Address

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.