

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7571**

BIRTH **FILED FEB 19 1954** REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **6234** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Elkhorn</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Elkhorn</b> <b>1090</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>8 Miles N.E. of Warrenton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 Miles N.E. of Warrenton</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>S</b> c. (Last) <b>Dickmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 13 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 14 1876</b>		9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Warren CO Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	

13a. FATHER'S NAME <b>William Dickmann</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmine Mesenkamp</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <b>Mamie Schaper Wright City Mo</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		<b>5 yrs</b>	
		DUE TO (c) <b>Hypertension</b>		<b>10 yrs</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>C.A. of Prostate.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4201 H</b>	
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 **11-26, 1953** to **2-13, 1954**, that I last saw the deceased alive on **2-12, 1954**, and that death occurred at **1 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lloyd Logan</b> (Degree or title)		23b. ADDRESS <b>Wright City</b>		23c. DATE SIGNED <b>2-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 15 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Wright City Mo.</b>			

DATE REC'D BY LOCAL REG. <b>2-13-54</b>		REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Nieburg Furn &amp; Und Co Wright City Mo</b>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

90  
1

**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

*Julius J. Nieburg*

Licensed Embalmer No. 3306

P. O. Address Wright City

**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.