No. 300
10.48

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28789

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Potosi
c. LENGTH OF STAY (in this place) all of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 123 Elm St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN Potosi
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 123 Elm St. 11 00

3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) Gray c. (Last) Dicus

4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1955

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Aug. 15 1907
9. AGE (In years last birthday) 48 | If UNDER 1 YEAR Months | Days 7 | If UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Palmer Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marvin Dicus
13b. MOTHER'S MAIDEN NAME Ama Nipper
14. NAME OF HUSBAND OR WIFE Ida Dicus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Dicus Potosi 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) Coronary Thrombosis

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201.
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* 5/15, 1955 *to* 8/22, 1955, *that I last saw the deceased alive on* 8/22, 1955 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo Cresswell MD (Degree or title) 0
23b. ADDRESS Potosi Missouri
23c. DATE SIGNED 8/27/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-26-55
24c. NAME OF CEMETERY OR CREMATORY Sun Set Hills Cem.
24d. LOCATION (City, town, or county) (State) Washington Co. Mo

DATE REC'D BY LOCAL REG. 8/27/55
REGISTRAR'S SIGNATURE Arlene Kendall 403 0
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks ADDRESS Potosi

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 10 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

MAR 27 1958

SEP 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4356

P. O. Address Flat Rock,

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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