

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43154**

FILED JAN 10 1956

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6137		Registrar's No. 345	
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA Twp		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN WINONA		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 1010			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Albert c. (Last) Dickerson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23-1955				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 28-1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Farm & Truck		11. BIRTHPLACE (City and State or Foreign Country) Douglas Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME L.A. Dickerson		13b. MOTHER'S MAIDEN NAME UNKNOWN		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) Yes WW #1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Eileen Tucker Rt 1 Winona, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Bronchial) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Congestive Heart Failure DUE TO (c) Rheumatic fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 416X					INTERVAL BETWEEN ONSET AND DEATH 12 hours	
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) _____			
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 March, 1919 to Dec 23, 1955 , that I last saw the deceased alive on Dec 23, 1955 , and that death occurred at 11:25 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE E Sharp (Degree or title) DO				23b. ADDRESS Winona Mo		23c. DATE SIGNED 1-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec. 26-55	24c. NAME OF CEMETERY OR CREMATORY Bethel Chapel		24d. LOCATION (City, town, or county) (State) Eminence, Mo.		
DATE REC'D BY LOCAL REG. 1-9-56		REGISTRAR'S SIGNATURE Maude Poole		25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S Mort. View, Mo. ADDRESS _____			

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

OCT 25 1958

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.....
Signature of Student Embalmer

Signed *Joe B. Duncan*.....
Licensed Embalmer No. *432*.....
P. O. Address *mt. View*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.