

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17121
State File No.

BIRTH NO. _____ REG. DIST. NO. 229231 PRIMARY REG. DIST. NO. 5809 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DANVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DANVILLE</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1 MILES East New Florence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>Edward</u> c. (Last) <u>DICKENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 56</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>Nov 23 - 1896</u>		9. AGE (in years last birthday) <u>59</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Glencoe Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Hugh Dickens</u>		13b. MOTHER'S MAIDEN NAME <u>Lara Brockman</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Dickens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Z</u>		16. SOCIAL SECURITY NO. <u>496-03-5664</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Dickens</u>	

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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis with hypertension</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus and chronic interstitial nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> <u>Sev. Yrs.</u>
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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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 9-10, 1953, to 5-18, 1956, that I last saw the deceased alive on 5-18, 1956, and that death occurred at 5:25 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Thompson M.D.</u>		23b. ADDRESS <u>New Florence Mo</u>		23c. DATE SIGNED <u>May 22, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery</u>	
24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edel A. Dardery Jonesburg Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 28 - 1956</u>		REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 5 1956

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Carl A. Harding

Licensed Embalmer No. *4115*

P. O. Address *Jonesbury Mo.*

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.