Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2201

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Hayti — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Indiana b. COUNTY
c. CITY OR TOWN Chesterton — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS Rt 2 Box 73 (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Dalton Middle: Eugene Last: Dickey
4. DATE OF DEATH Month: Jan Day: 6 Year: 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 12 1915
9. AGE (In years last birthday) 41
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Mfg
11. BIRTHPLACE (City and state or country) Florence Ala
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charley Dickey
14. MOTHER'S MAIDEN NAME Ada Murphey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) # II
16. SOCIAL SECURITY NO. 332-03-6324
17. INFORMANT Callie Dickey Rt 2 Box 73 Chesterton, Ind.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis, Coronary — INTERVAL BETWEEN ONSET AND DEATH 3 months History
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-1-15, to 12-1-15 and last saw him alive on 1-6-57
Death occurred at 12:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L Masters DO (Degree of title)
22b. ADDRESS Hayti, Mo
22c. DATE SIGNED 1-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-9-57
23c. NAME OF CEMETERY OR CREMATORY East Woodlawn
23d. LOCATION (City, town, or county) Hayti, Mo (State)

24. FUNERAL DIRECTOR John W. Gurman ADDRESS Hayti, Mo
25. DATE RECD. BY LOCAL REG. 1-11-57
26. REGISTRAR'S SIGNATURE John H. Gurman

(Licensed Embalmer's Statement on Reverse Side)

1-19-57

JAN 21 1957

JAN

FEB 5 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 11 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. German

Licensed Embalmer No. 4-35

P. O. Address Hayti, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.