No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3338

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
c. LENGTH OF STAY (in this place): 11 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Same
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0940

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): John
c. (Last): Dickerson

4. DATE OF DEATH (Month) (Day) (Year): Jan 19 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 5 1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5 Days 14 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Employe
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Chicago Ill
12. CITIZEN OF WHAT COUNTRY?: U S
13a. FATHER'S NAME: Charles Dickerson
13b. MOTHER'S MAIDEN NAME: Mary Williamson
14. NAME OF HUSBAND OR WIFE: Mamie Clark Dickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 708-09-3167
17. INFORMANT'S SIGNATURE OR NAME: Mamie Dickerson — ADDRESS: Memphis 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 — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

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.

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* 1-19-, 1957, *to* 1-19-, 1957, *that I last saw the deceased alive on* 1-19-, 1957, *and that death occurred at* 12:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Lowe (Degree or title) D.O.
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: 1-23-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 22, 1957
24c. NAME OF CEMETERY OR CREMATORY: Memphis Cemetery
24d. LOCATION (City, town, or county) (State): Memphis Mo.

DATE REC'D BY LOCAL REG.: 1-26-57
REGISTRAR'S SIGNATURE: Vera G Turner
25. FUNERAL DIRECTOR'S SIGNATURE: W W Payne & Son — ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

476

FEB 1 1957

MAR 31 1957

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. Neal Payne

Licensed Embalmer No. 255

P. O. Address Memphis

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