

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014517

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jordan Twp</u>		c. CITY OR TOWN <u>St. Louis</u> 2267	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R<sup>2</sup> Daniphan</u>		d. STREET ADDRESS (If outside, give location) <u>1605 N. 17<sup>th</sup> St.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Chester Paul Dicus</u>			4. DATE OF DEATH Month Day Year <u>April 18, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JANUARY 12, 1934</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>		11. BIRTHPLACE (City and state or country) <u>Palmer, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Elmer Dicus</u>		13b. MOTHER'S MAIDEN NAME <u>Essie Jinkerson</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Dicus</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Korea</u>		16. SOCIAL SECURITY NO. <u>Korea</u>		17. INFORMANT <u>Edna Dicus</u> Address: <u>1605 N. 17<sup>th</sup> St. St. Louis, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dead on arrival at hospital</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>from history came was</u> DUE TO (c) <u>myocardial infarction</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>did not attend</u> and last saw <u>her</u> alive on _____ Death occurred at <u>5:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Frank Johnson M.D.</u> (Degree or title)	22b. ADDRESS <u>Douiphan Mo</u>	22c. DATE SIGNED <u>4/19/59</u>
---	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>April 20, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Palmer Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Palmer, Missouri</u>
---	------------------------------------	--	--

24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u>	ADDRESS <u>Douiphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>
---	---------------------------------	--	--

health, Welfare Public Service  
 800  
 57  
 3  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 All diseases in Part I must be causally related.

MAY 5 1959

MAY 7 1959

MAY 8 1959

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 *Gene Warren*

Licensed Embalmer No. *4909*  
P. O. Address *Naylor, W*

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.