

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014562

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 162

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1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St Francois | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Farmington | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital | | Length of stay in lb | d. STREET ADDRESS Maple | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EUGENE Middle Last DICKEY | | | 4. DATE OF DEATH Month April Day 22 Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 22, 1890 | 9. AGE (In years last birthday) 68 | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Washington Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Edward Dickey | | 13b. MOTHER'S MAIDEN NAME Nevada Tedder | | 14. NAME OF HUSBAND OR WIFE Floy Dickey | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 496-20-8750 | | 17. INFORMANT Address Miss Floy Dickey, Farmington, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease | | | | | 4 yrs. |
| DUE TO (c) uremia | | | | | 5 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | | | 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 <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 4-14-59 to 4-22-59 and last saw him alive on 4-21-59 Death occurred at 1.00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE C.E. Carleton M.D. (Degree or title) | | | 22b. ADDRESS Farmington Mo | | 22c. DATE SIGNED 4-24-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/24/59 | 23c. NAME OF CEMETERY OR CREMATORY St Francois Memorial Park | | 23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri |
| 24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Missouri | | | 25. DATE RECD. BY LOCAL REG. Apr. 27, 1959 | | 26. REGISTRAR'S SIGNATURE Esther Rudloff |

1959
9 JAN 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 *Paul D. Dugal* _____

Licensed Embalmer No. *4120* _____

P. O. Address *Farmington, N.H.* _____

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.