

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031834

FILED VS SEP 28 1959 82

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3017 Registrar's No. 136

DED

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cooper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 4 Yrs.	c. CITY OR TOWN Boonville,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 920 Ravenal		
3. NAME OF DECEASED (Type or print) First Jerry Middle Wayne Last Dickson			4. DATE OF DEATH Month Sept. Day 22 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1946	9. AGE (last birthday) 13	IF UNDER 3 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Grade School.	11. BIRTHPLACE (City and state or country) Torrance, Calif.		IF UNDER 24 HR Hours _____ Min. _____	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jacob Wayne Dickson				
13b. MOTHER'S MAIDEN NAME Anna Pearl Eapmon		14. NAME OF HUSBAND OR WIFE ----				
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. -----		17. INFORMANT Mrs. J. W. Dickson, Boonville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypoxia & Respiratory Distress DUE TO (b) Menengitis - Probably Staphylococcal DUE TO (c) Sypticemia - Staphylococcal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Possible Brain Abscess ② Cerebral Edema.					INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. 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 <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 9-21-59 to 9-23-59 and last saw him alive on 9-22-59 Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE W B Cooper MD (Degree or title)			22b. ADDRESS 329 main st. Boonville		22c. DATE SIGNED 9-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 26"/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove		23d. LOCATION (City, town, or county) (State) Boonville, Mo.		
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 9/24/59		26. REGISTRAR'S SIGNATURE W B Cooper	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William N. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, MI

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.