SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-004838
STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 22

FILED VS MAR 8 1961

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kearney — Length of stay in 1b YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MILE S. OF HOLT, MO — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN HOLT RR. #1. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 MILE S OF HOLT, MO — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: BYRON Middle: MOSES Last: Dickey
4. DATE OF DEATH Month: FEB Day: 25 Year: 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-10-1905
9. AGE (last birthday): 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING
11. BIRTHPLACE (City and state or country): RAY Co, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: HENRY O. DICKEY
13b. MOTHER'S MAIDEN NAME: ALICE CLEVENGER
14. NAME OF HUSBAND OR WIFE: BESSIE SHELTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: MRS BESSIE DICKEY — Address: HOLT, MO.

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) Left coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH — none
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — few years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 ____ to ____ and last saw him alive on ____
Death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. R. Morrison, D.O.
22b. ADDRESS 10 West Kansas, Liberty, Mo.
22c. DATE SIGNED 2-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-27-61
23c. NAME OF CEMETERY OR CREMATORY: MT OLIVET
23d. LOCATION (City, town, or county) (State): KEARNEY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: FRY FUNERAL HOME, KEARNEY, MO.
25. DATE RECD. BY LOCAL REG.: 2-28-1961
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 24 1961

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 Ralph Van Sandingham

Licensed Embalmer No. 4909

P.O. Address Excelsior Springs, Mo.

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.