SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-009755
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 80

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal
Length of stay in 1b 3½ years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marion
c. CITY OR TOWN Hannibal
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1329 Pearl St.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last DICKINSON, Sr.
4. DATE OF DEATH Month February Day 28, Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11/21/83
9. AGE (last birthday) 77
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) coal miner
10b. KIND OF BUSINESS OR INDUSTRY coal mines
11. BIRTHPLACE (City and state or country) Chatham Co. England
12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME William Dickinson
13b. MOTHER'S MAIDEN NAME Jane Ann Thompson
14. NAME OF HUSBAND OR WIFE Maude Dickinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.
17. INFORMANT George Dickinson, Jr. Address Kansas City, 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) Terminal Hernia — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetic Gangrene — 1 mo.
DUE TO (c) Diabetes Mellitus — 5 yrs.
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 Feb 14, 1961 to Feb 28, 1961 and last saw ~~her~~ him alive on Feb 28, 1961
Death occurred at 9:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) MD
22b. ADDRESS 707 Bdwy, Hannibal, Missouri
22c. DATE SIGNED 3-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 3/2/61
23c. NAME OF CEMETERY OR CREMATORY Masonic & Odd Fellows
23d. LOCATION (City, town, or county) (State) Cemetery, Benton, Illinois
24. FUNERAL DIRECTOR Jack Silsworth ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. March 1, 1961
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M Herman
(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannibal, M

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.