

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037795  
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 35

**FILED OCT 31 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Monroe</b>		a. STATE <b>Mo.</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Madison, MO.</b>		c. CITY OR TOWN <b>Madison, Mo.</b>	
Length of stay in 1b <b>5 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CITY PARK Madison, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>601 E. Olive</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last <b>James Porter Dickerson</b>			Month Day Year <b>Oct. 23 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-27-1901</b>
9. AGE (last birthday) <b>60</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. -- -- -- --	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Livestock</b>	
11. BIRTHPLACE (City and state or country) <b>Monroe County</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Parker F. Dickerson</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Johnston</b>	
14. NAME OF HUSBAND OR WIFE <b>Edith Hazel Dickerson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
17. INFORMANT <b>Beryl Dickerson</b>		Address <b>Madison, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b>			<b>seconds</b>
DUE TO (b) <b>Coronary Thrombosis</b>			<b>minutes</b>
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			<b>years</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 <b>July 7 1961</b> to <b>Oct. 23, 1961</b> and last saw him alive on <b>Oct 21, 1961</b> Death occurred at <b>Oct. 23, 1961</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (D, free or title) <i>C. J. Steuber</i> D.O.		22b. ADDRESS <b>P.O. Box 97 Madison Mo.</b>	22c. DATE SIGNED <b>Oct. 25-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-25-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Madison, Mo.</b>
24. FUNERAL DIRECTOR <b>Thompson-Mackler</b>	ADDRESS <b>Madison, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 27-1961</b>	26. REGISTRAR'S SIGNATURE <i>Elaine Miller</i>

NOV 10 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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, 9

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.