

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025445

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1976

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 9 1962

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Manchester Missouri** Length of stay in 1b **WKS.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Manchester Nursing H.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St/ Louis**
 c. CITY OR TOWN **Manchester Missouri** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Manchester Nursing Home** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **Oregon L. Dickerson**
 4. DATE OF DEATH Month Day Year **July 2, 1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **1-23-1868** 9. AGE (last birthday) **94**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired - Conductor for Public Service Co.**
 10b. KIND OF BUSINESS OR INDUSTRY **DAHLONEGA, GA.**
 11. BIRTHPLACE (City and state or country) **USA**
 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **JOHN DICKERSON** 13b. MOTHER'S MAIDEN NAME **unk.** 14. NAME OF HUSBAND OR WIFE **Molly Dickerson**

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. **[redacted]** 17. INFORMANT Address **New York Mr. G.W. Harris 139 Crest Dr. Tarrytown**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **CHRONIC MYOCARDITIS**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **GENERAL ARTERIOSCLEROSIS**
 DUE TO (c) **SENILITY**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **NO**
 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 **APRIL 1, 1962** to **JULY 2, 1962** and last saw ^{her}him alive on **JULY 2, 1962**
 Death occurred at **4:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **B.R. Loving M.D.** 22b. ADDRESS **BALLWIN, MO.** 22c. DATE SIGNED **7.4.62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **July 5, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Hiram Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **C.R. Lupton and Sons 7233 Delmar Blvd.** 25. DATE RECD. BY LOCAL REG. **7-5-62** 26. REGISTRAR'S SIGNATURE **John C. Murphy M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Foreman

Mr. Henderson

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.