MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034032
STATE FILE NUMBER

Registration District No. 33 Primary Registration District No. 3011 Registrar's No. 110

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0171
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CARROLLTON — Length of stay in 1b: 47 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Carroll Co Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CARROLL
c. CITY OR TOWN: CARROLLTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 364 N. Main — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: EDNA Middle: EVELYN Last: DICKERSON
4. DATE OF DEATH: Month: Sept Day: 10, Year: 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/12/1883
9. AGE (last birthday): 78 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Bogard, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lycurgus Barnett
13b. MOTHER'S MAIDEN NAME: Flora Miller
14. NAME OF HUSBAND OR WIFE: E.A. Dickerson
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: Ray Dickerson Address: Bogard 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) ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY — INTERVAL BETWEEN ONSET AND DEATH: One month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) OCCLUSION & PULMONARY EDEMA. — Five years
DUE TO (c) DIABETES MELLITUS
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

MEDICAL CERTIFICATION

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 MAY 1962, to SEPT. 10, 1962 and last saw her alive on 9-10-62
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John H. Platz (Degree or title): MD
22b. ADDRESS: Carrollton, Mo
22c. DATE SIGNED: 9-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/12/1962
23c. NAME OF CEMETERY OR CREMATORY: Coloma Cemetery
23d. LOCATION (City, town, or county) (State): Carroll Co Stokes Mound Twp Missouri

24. FUNERAL DIRECTOR: Dickerson-Rice Funeral Home ADDRESS: Bogard, Mo
25. DATE RECD. BY LOCAL REG.: 9-15-62
26. REGISTRAR'S SIGNATURE: Will Moore Regr.

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1962

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_____ Signed R M Marshall, Jr

Signature of Student Embalmer

Licensed Embalmer No. 4469

P. O. Address Carrollton, 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.