

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND SAFETY

Registration District No. **04** **64316**

Primary Registration District No. **3059**

Registrar's No. **4468**

STATE FILE NUMBER **0041731**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 **0941**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 11 da.	c. CITY OR TOWN Irondale		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Arthur Theodore Dickey			4. DATE OF DEATH Month Oct. Day 23 Year 1964		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1884	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Real Estate Dealer		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) Belgrade, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Dickey		13b. MOTHER'S MAIDEN NAME Nevada Tedder		14. NAME OF HUSBAND OR WIFE Mable Dickey	
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. unknown	17. INFORMANT Address Mable Dickey, Irondale, Mo.		
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 3 mo
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Dis					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Senility					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Thrombosis & Dysphagia				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 checked="" 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 Aug 1964 to Sept 23, 1964 and last saw ^{her} him alive on Oct 23, 1964 . Death occurred at 1:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.A. Sheeks M.D. (Degree or title)			22b. ADDRESS Farmington, Mo		22c. DATE SIGNED 10/26/64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 26, 1964	23c. NAME OF CEMETERY OR CREMATORY Caledonia Cemetery		23d. LOCATION (City, town, or county) (State) Caledonia, Missouri	
24. FUNERAL DIRECTOR Bert H. Boyer, Leadwood, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 26, 1964		26. REGISTRAR'S SIGNATURE Eather Rudloff	

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 *B. L. Boyd*

Licensed Embalmer No. 3441

P. O. Address Leadwood 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.