

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Farmington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>315 Forster</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Mickey</u> c. (Last) <u>Dickey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1954</u>
5. SEX <u>Male</u> <input checked="" type="radio"/> 6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)
8. DATE OF BIRTH <u>October 4, 1890</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wood working shop</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Coffman, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>David Delaware Dickey</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Robinson</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Stephen</u> ADDRESS <u>Farmington, Missouri</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>E976X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington St. Francois Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased Mr 5-25, 1954, to 5-25, 1954, that I last saw the deceased alive on 5-25, 1954, and that death occurred at 12:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Watters M.D.</u> (Degree or title)	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>5/26/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 25, 1954</u>	REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> ADDRESS <u>Farmington, Missouri.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 15 1955

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 Paul H. Deval

Licensed Embalmer No. 412

P. O. Address Farmington

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.