

**NEW** JAN 15 1943

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

41002  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 408-1  
 (b) Township Cathage Primary Registration District No. 302B Registered No. 252  
 (c) City Cathage (d) Street No. Stone Memorial Hgh St. 1  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Liberal mo R 2 St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Dickey  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26-1885-1  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 1 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. own farm  
 10. Date deceased last worked at this occupation (month and year) 12-5-42  
 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton mo

FATHER 13. NAME Robert Dickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) washington Co Ill

MOTHER 15. MAIDEN NAME Julia Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey Co Ill

17. INFORMANT (ADDRESS) Raymond Dickey Kansas City mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barton City DATE Dec 15 42

19. FUNERAL DIRECTOR (ADDRESS) Smith Funeral Home Mulberry Mo

20. FILED Dec 24 1942 Elizabeth Compton Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1942

22. I HEREBY CERTIFY That I attended deceased from Dec 8 18. 42 Dec 12 1942 to 12 1942  
 I last saw him alive on Dec 12 42 Death is said to have occurred on the date stated above, at 6:45 P m.  
 The principal cause of death and related causes of importance were as follows:

Acute Peritonitis Date of onset Dec 8  
Ruptured Appendix Dec 8

Other contributory causes of importance: 12/11

Name of operation Appendectomy Date of Dec 8  
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? none  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. Robby D.  
 (Address) Liberal mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

42-12-1061

OCT 1 1949

STATEMENT BY LICENSED EMBALMER

I, Otis Smith, Licensed Embalmer No. 3652

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Otis Smith  
Licensed Embalmer No. 3652

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.)