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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28544

State File No.

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 41

83

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Weston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Weston
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oliver Dee Dydell
3. (b) If veteran, name war xx
3. (c) Social Security No. 496-16-3553
4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife xx
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased July (Month) 21 (Day) 1879 (Year)

8. AGE: Years 65 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Charlie Dydell
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Sarah Banks
15. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. John Patterson
(b) Address Weston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Laural Hill Cemetery
18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri
19. (a) 8-17-44 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1944 hour 8 minute 45 M.
21. I hereby certify that I attended the deceased from April 10, 1944 to August 15, 1944 that I last saw him alive on August 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastro-enteritis	
Due to Cerebral hemorrhage causing left sided paralysis	Cerebral hem. 4 mo. duration
Due to Hypertension	
Other conditions xxxxx (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

120a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) xxxxx
(b) Date of occurrence xxxxx
(c) Where did injury occur? xxxxx (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? xxxx (Specify type of place)
While at work? xx (e) Means of injury xxx
23. Signature Lewis E. Calvert (M. D. ~~Coroner~~)
Address Weston Missouri Date signed 8/17/4

1209 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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 this body is not embalmed, fact should be so stated above.