

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1949

State File No. 406

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

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5135		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY OR TOWN <u>Brosley R.R.</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Brosley</u>		120000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home DSH Hill Top</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Dickens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 28, 1903</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.A. Dickens</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Damon</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Dickens Brosley Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.A. Dickens Brosley Mo.R.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002					
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.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Brosley RFD #1 Butler Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 from <u>April, 1944</u> , to <u>Jan 9, 1949</u> , that I last saw the deceased alive on <u>Jan. 9, 1949</u> , and that death occurred at <u>2:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.F. Rutledge</u>				23b. ADDRESS <u>W.D. Campbell Mo</u>		23c. DATE SIGNED <u>1/10/1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-14-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Home Campbell Mo.</u>	

RECEIVED

District Health Office No. 2

District File Number 149-83

Date Filed 1-17-49

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.

Signed Christina M. Landers

Signed _____
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.