

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7942**  
Registrar's No. **31**

BIRTH NO. _____		REG. DIST. NO. <b>52</b>		PRIMARY REG. DIST. NO. <b>518</b>		Registrar's No. <b>31</b>		
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural</b> )		c. LENGTH OF STAY (in this place) <b>45 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		Applecreek <b>1 1/2</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0 1/2</b>				
3. NAME OF DECEASED (Type or Print) <b>Clarence</b>			a. (First)	b. (Middle)	c. (Last) <b>Dickmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 13 1906</b>		
9. AGE (In years last birthday) <b>43</b>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred J. Dickmann</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Sewing</b>			14. NAME OF HUSBAND OR WIFE <b>Nora Dickmann</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nora Dickmann Friedheim Mo</b>				
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)								
<b>MEDICAL CERTIFICATION</b>								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Clarence Dickman came to his death by his own hand by hanging his self in his barn</b>						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death.								
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) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>near Friedhime Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Freidhime Applecreek Cape Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 28 50 P<sup>m</sup></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>By hanging</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>E. P. Drickens 3 Coroner</b>				23b. ADDRESS <b>4 S. Pacific St Cape Gir Mo</b>		23c. DATE SIGNED <b>1950 March 29</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 30 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Friedheim Mo</b>		
DATE REC'D BY LOCAL REG. <b>Mar 31-50</b>		REGISTRAR'S SIGNATURE <b>D. G. Sailer 43</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Young &amp; Sons Perryville Mo.</b>				

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

0160

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-477

**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 .....  
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.