

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19041

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Salt Pond)</u>		c. LENGTH OF STAY (In this place) <u>10 miles north east of Saline</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sweet Springs 1970</u>		d. STREET ADDRESS (If rural, give location) <u>311 Marshal St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Henry</u> c. (Last) <u>Dickerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>March 26 1892</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</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>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>John Henry Dickerson</u>			13b. MOTHER'S MAIDEN NAME <u>Juliet O. Barnett</u>			14. NAME OF HUSBAND OR WIFE <u>Earl E. Dickerson</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 <u>Marjorie B. Williams</u>				ADDRESS <u>San Francisco Calif</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>42-21</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>					
22. I hereby certify that I attended the deceased from <u>on</u> <u>May 16</u> , 19 <u>50</u> that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u>10:52</u> m. from the causes and on the date stated above.									
23a. SIGNATURE <u>D. Lawrence Croner</u>				23b. ADDRESS <u>311 Marshal St.</u>		23c. DATE SIGNED <u>5-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo</u>			
DATE REC'D BY LOCAL REG. <u>5/17/50</u>		REGISTRAR'S SIGNATURE <u>Dolly Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Moseley</u>		ADDRESS <u>Sweet Springs Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0910

RECEIVED MAY 23
District Health Officer No. 8.

District File Number _____

Date Filed _____

5/23/52

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 _____

Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address _____

Sweet Spring, 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.