

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25976

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>?</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	c. LENGTH OF STAY (In this place) <u>1-month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BAKERSFIELD</u> <u>8040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>(None)</u>		d. STREET ADDRESS (If rural, give location) <u>?</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEAN</u> b. (Middle) <u>ELANOR</u> c. (Last) <u>DICKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 8 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>July-2-1943</u>
9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (State or foreign country) <u>BAKERSFIELD CALIF.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Franklin Dickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Anna Frances</u>	14. NAME OF HUSBAND OR WIFE <u></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Charles Dickerson Bakersfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Food Poisoning.</u> ANTECEDENT CAUSES Morbidity 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. 20. INTERVAL BETWEEN ONSET AND DEATH <u>2491</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Aug 7 1950</u> , to <u>Aug 8 1950</u> , that I last saw the deceased alive on <u>Aug 8 1950</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Declarer's title) <u>Norman H. Salyer M.D.</u>		23b. ADDRESS <u>Cassville Mo</u>	23c. DATE SIGNED <u>Aug 10 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelgreen Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Grady Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 10-1950</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wm Morris Toppe Wheaton, Mo.</u>	

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

0050

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 21 1950

Dist. File 8 50 - ~~888~~ 999

Date Filed 8 - 22 - 50

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 *James Kenneth Duncan*

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.