

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31333**

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **4428** Registrar's No. **73**

1830
1

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

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte 0830	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Oscar	b. (Middle) -	c. (Last) Dydell	4. DATE OF DEATH (Month) (Day) (Year) 9-17-50
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5. SEX male 2	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 3	8. DATE OF BIRTH May 12, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Weston, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Dydell	13b. MOTHER'S MAIDEN NAME Nancy	14. NAME OF HUSBAND OR WIFE Josiphene Campbell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Dydell Weston, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis, Ch. Glomerulo Nephritis, Arteriosclerosis			2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anasarca (dropsy) DUE TO (c) Ch. Nephritis.			6 mo. 592 X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, arteriosclerosis			5 yrs.	

19a. DATE OF OPERATION XXXX	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXX	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) XXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXX
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXX	21e. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR? XXXXXX
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22. I hereby certify that I attended the deceased from **1/5/50**, 19___, to **9/17**, 19**50**, that I last saw the deceased alive on **9/17/50**, 19___, and that death occurred at **6 p** m., from the causes and on the date stated above.

23a. SIGNATURE Gene's O. Pulvers, M.D. (Degree or title)	23b. ADDRESS Weston Mo.	23c. DATE SIGNED 9/19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-50	24c. NAME OF CEMETERY OR CREMATORY Laural Hill Cem	24d. LOCATION (City, town, or county) (State) Weston, Mo.
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DATE REC'D BY LOCAL REG. 9-20-50	REGISTRAR'S SIGNATURE Alpha Rollins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn Funeral Home Weston, Mo.
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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 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.