

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2157

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5982 Registrar's No. 12

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Pulaski  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Pulaski |  |
| b. CITY OR TOWN Rural Union             |  | c. CITY OR TOWN Rural Union 0850  |  |
| c. LENGTH OF STAY (in this place)       |  | d. STREET ADDRESS (If rural, give location) 0   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION |  |   |  |

|   |                        |  |   |  |                                 |
|---|------------------------|--|---|--|---------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Charles b. (Middle) Robert c. (Last) Dickens      |                        |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>1 8 1951 |  |                                 |
| 5. SEX Male 0   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9/5/1869                         | 9. AGE (In years last birthday) 81                   | IF UNDER 1 YEAR Months 4 Days 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming |                        | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm                     |   | 11. BIRTHPLACE (State or foreign country) Missouri 0 |                                 |
|   |                        |  |   | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                  |                                 |

|                                  |  |  |
|----------------------------------|--|--|
| 13a. FATHER'S NAME Abner Dickens | 13b. MOTHER'S MAIDEN NAME Alvira Dickens | 14. NAME OF HUSBAND OR WIFE Hattie Dickens |
|----------------------------------|--|--|

|  |                           |  |         |
|--|---------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Dickens, Dixon, Missouri | ADDRESS |
|--|---------------------------|--|---------|

|   |   |        |                                  |
|---|---|--------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, 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) Myocardial failure   |        | 10 mins                          |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Myocarditis<br>DUE TO (c) |        | 4 yrs                            |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | 6/2/22 |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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 Jan 8, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

|  |                                    |                         |
|--|------------------------------------|-------------------------|
| 23a. SIGNATURE Della M. Wedger (Degree or title) 3 | 23b. ADDRESS Corcoran Crocker, Mo. | 23c. DATE SIGNED 1/8/51 |
|--|------------------------------------|-------------------------|

|  |                     |  |   |
|--|---------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/10/1951 | 24c. NAME OF CEMETERY OR CREMATORY Dixon | 24d. LOCATION (City, town, or county) (State) Dixon, Missouri |
|--|---------------------|--|---|

|                                  |   |   |         |
|----------------------------------|---|---|---------|
| DATE REC'D BY LOCAL REG. 1-18-51 | REGISTRAR'S SIGNATURE Helma C. Buckhouser | 25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri | ADDRESS |
|----------------------------------|---|---|---------|

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

50  
1

-----  
Date Filed 1-19-51  
-----  
File Number

Pulaski County Health Officer

RECEIVED 1-19-51

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 \_\_\_\_\_

January 8<sup>th</sup> 1951  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Fred A. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.