

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17605  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 - PRIMARY REG. DIST. NO. 4426 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u> b. (Middle) <u>Belle</u> c. (Last) <u>Dickerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May I 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 16 1880</u>	9. AGE (In years last birthday) <u>X 70</u>	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Newton County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Stephen Owen</u>	13b. MOTHER'S MAIDEN NAME <u>Sarrah Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas L. Dickerson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lora Davis, Aldrich, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Heart Failure (Myocarditis Degenerative)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phenetic Syndrome of Polyuria</u>		
	DUE TO (c)		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from November, 19 50 to May 1, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Saunders</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Fair Play, Mo.</u>	23c. DATE SIGNED <u>5/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Aldrich, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Small, Barker, Eavis &amp; Blue</u>	ADDRESS <u>Fair Play, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0840  
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 22 1951

Dist. File 2-21-4161

Date Filed 1-22-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Willard B. Crews

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.