

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1830
Registrar's No. 9930

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>9930</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 WALNUT</u>				d. STREET ADDRESS (If rural, give location) <u>302 WALNUT</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u>			b. (Middle) <u>ROWLAND</u>		c. (Last) <u>DICKERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 19, 1872</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PAINTER & DECORATOR; SELF</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHAS. DICKERSON</u>			13b. MOTHER'S MAIDEN NAME <u>HARRIET WALKER</u>			14. NAME OF HUSBAND OR WIFE <u>EYTHL DICKERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>			16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EYTHL DICKERSON, 302 WALNUT, JOPLIN</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>Lobar Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic interstitial nephritis</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (City, town, 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>Jan. 7, 1953</u> , to <u>Jan. 15, 1953</u> , that I last saw the deceased alive on <u>Jan. 15, 1953</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Engene Rivaldo, M.D.</u>				23b. ADDRESS <u>521 A. Main st., Joplin, Mo.</u>		23c. DATE SIGNED <u>Jan. 17, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARL JUNCTION</u>		24d. LOCATION (City, town, or county) (State) <u>CARL JUNCTION, MISSOURI</u>			
DATE RECD BY LOCAL REG. <u>1-20-53</u>		REGISTRAR'S SIGNATURE <u>Ed. O. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary</u>		ADDRESS <u>JOPLIN, MO.</u>			

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

495
1

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED 1-26-53
Jasper County Health Office

County File Number 53/1/76

Date Filed 1-26-53

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.