

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5048**

FILED FEB 21 1953

BIRTH NO. _____ REG. DIST. NO. **49** PRIMARY REG. DIST. NO. **5174** Registrar's No. **2**

0150

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

1. PLACE OF DEATH a. COUNTY CAMDEN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAMDEN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLIMAX SPRINGS		c. LENGTH OF STAY (in this place) 19 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLIMAX SPRINGS		d. STREET ADDRESS (If rural, give location) 0150
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION NONE					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) Wilson c. (Last) DICKERSON			4. DATE OF DEATH (Month) (Day) (Year) Feb 15, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 16, 1867	9. AGE (in years) (last birthday) 85	10. MONTHS 11
				DAYS 29	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Buy livestock	11. BIRTHPLACE (City and State or Foreign Country) Benton Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME John Dicketson		13b. MOTHER'S MAIDEN NAME BARTHENA Carpenter	14. NAME OF HUSBAND OR WIFE Anna Dickerson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Anna Dickerson Climax Springs ADDRESS 			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency				INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbid 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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410X			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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952 Feb , 1953, that I last saw the deceased alive on Jan. 23, 1953 , and that death occurred at 7:40 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE E. J. Dickerson (Degree or title) M.D.		23b. ADDRESS Camden, Mo		23c. DATE SIGNED 2/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 17, 1953	24c. NAME OF CEMETERY OR CREMATORY Bethel Camp Ground	24d. LOCATION (City, town, or county) (State) Benton Co. Mo		
DATE REC'D BY LOCAL REG. Feb 18-1953	REGISTRAR'S SIGNATURE Alda K. Eldred	F. FUNERAL DIRECTOR'S SIGNATURE John F. Reser	ADDRESS Warsaw		

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 *John J. Reese*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.