

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26026

State File No. _____

S. No. 300
V. 10.48

09320
1

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

BIRTH NO. _____		REG. DIST. NO. 314	PRIMARY REG. DIST. NO. 6064	Registrar's No. 45
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY St. Clair		a. STATE Missouri		b. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola Kansas City 3008		
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Osceola Township				
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Clarence			b. (Middle) B.	
c. (Last) Dickinson			Aug: 2, 1953	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1886	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian School		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Marshall Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Samuel B. Dickinson		13b. MOTHER'S MAIDEN NAME Ella Jones	14. NAME OF HUSBAND OR WIFE Ethel Dickinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ethel Dickinson, Osceola Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma - general thro abdomen and pelvis -		
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				1991
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 <u>July 10, 1953</u>, to <u>Aug 2, 1953</u>, that I last saw the deceased alive on <u>8-2, 1953</u>, and that death occurred at <u>3:30 p.m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. H. Seavers M.D.		23b. ADDRESS Osceola, Mo.		23c. DATE SIGNED 8-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-5-53	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 8-4-53	REGISTRAR'S SIGNATURE W. H. Seavers	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Goodrich	ADDRESS Osceola, Mo	

AUG 11 1958

SEP 9 1958

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.