

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34830

State File No. ....

FILED NOV 8 - 1954

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>2052</u>		Registrar's No. <u>375</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>				
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in the place) <u>16 hrs</u>		c. CITY OR TOWN <u>Smithton 08<sup>PO</sup></u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>R7D #1 - Smithton twsp</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard Hugh</u> b. (Middle) <u>Dickson</u> c. (Last) <u>Dickson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 30, 1934</u>		9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Invalid</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Dwight Dickson</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Nichols</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dwight Dickson - Smithton</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, 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) <u>Respiratory Paralysis</u>				DUPLICATE OF (b) <u>Intra-Cranial Hemorrhage</u>				<u>16 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) <u>Congenital Spastic Paralysis</u>				<u>20 yrs.</u>
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 <u>351X</u>				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) (Min.)		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>10-28-</u> , 19 <u>54</u> , to <u>10-29-</u> , 1954, that I last saw the deceased alive on <u>10-29-</u> , 1954, and that death occurred at <u>8:35A</u> pm from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J.M. Rodeman, M.D.</u>				23b. ADDRESS <u>219 1/2 S. Ohio, Sedalia, Mo.</u>		23c. DATE SIGNED <u>10-29-54.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-1-54</u>		REGISTRAR'S SIGNATURE <u>Lavinia Coonts</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>251-D Deputy M. Laughlin Bros - Sedalia</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *James R. Asbren*.....

Licensed Embalmer No. *49*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.