U.S. No. 300
Rev. 10.48

FILED SEP 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. 29529

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 Miller Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: ~~Sweet Springs~~
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 308 Miller Street

0970

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): *
c. (Last): DICKERSON

4. DATE OF DEATH (Month) (Day) (Year): Sep't 3 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 11, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Railway Employee
11. BIRTHPLACE (City and State or Foreign Country): Sweet Springs, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: W. H. Dickerson
13b. MOTHER'S MAIDEN NAME: Mary Mayse
14. NAME OF HUSBAND OR WIFE: Mary Bohmer Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. # 1
16. SOCIAL SECURITY NO.: 492-14-6079
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Chas. Dickerson, ADDRESS: Sweet Spring Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis, Generalized — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Remote Myocardial Infarction — 5 1/2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1956, *to* Sept 3, 1956, *that I last saw the deceased alive on* Sept 3, 1956, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles T. Riley M.D.
23b. ADDRESS: Sweet Springs Mo
23c. DATE SIGNED: 9/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sep't 5, 1956
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Sweet Springs, Mo.

DATE REC'D BY LOCAL REG.: Sept. 5, 1956
REGISTRAR'S SIGNATURE: Mary Mosley
25. FUNERAL DIRECTOR'S SIGNATURE: L. F. Parker
ADDRESS: Sweet Springs, MO

(Licensed Embalmer's Statement on Reverse Side)

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

507
0

MAR 17 1959

SEP 28 1956
OCT 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. F. Luker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.