

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006242

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 172 Primary Registration District No. 4370 Registrar's No. 12

300
-57

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dover, Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Higginsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Mi. N. E.		Length of stay in lb 16 yrs.	d. STREET ADDRESS (If outside, give location) 8 Mi. N. E.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Edward Last Dickmeyer			4. DATE OF DEATH Month 2 Day 4 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1873	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months II Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY arming	11. BIRTHPLACE (City and state or country) Warrenton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Dickmeyer		13b. MOTHER'S MAIDEN NAME Carolena Hoppy		14. NAME OF HUSBAND OR WIFE Emma Schmidt Dickmeyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Emma Dickmeyer Higginsville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circ. Failure					INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic encephalomalacia, prolonged Recumbency 6 mo.					
DUE TO (c) Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 19, 1952 to Feb. 4, 1959 and last saw ^{him} her alive on Feb. 4, 1959 Death occurred at Six-twenty five p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edwin Wilson D.O. (Degree or title)			22b. ADDRESS 1815 Main Higginsville Mo.		22c. DATE SIGNED 2/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-7-1959	23c. NAME OF CEMETERY OR CREMATORY Warrenton		23d. LOCATION (City, town, or county) (State) Warrenton, Missouri	
24. FUNERAL DIRECTOR F. A. Hoefler		ADDRESS Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 10-59	26. REGISTRAR'S SIGNATURE Lucie Gordon Jordan

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Forrest R. Hoefler*

Licensed Embalmer No. **480I**

P. O. Address **Higginsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.