S. No. 2
OM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35482

Registration District No. 1

Primary Registration District No. 4003

Registrar's No. 324

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Gibbs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ADAIR. 1

(c) City or town GIBBS 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT L. DEDMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Emma Dedman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan (Month) 15 (Day) 1864 (Year)

8. AGE: Years 84 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Clark Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name T. L. Dedman 0
13. Birthplace Clark Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace / (City, town, or county) / (State or foreign country) 0

16. (a) Informant Floyd Dedman

(b) Address La Plata, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Gorin, Mo.

18. (a) Signature of funeral director Foster R. Early

(b) Address Brashear, Mo.

19. (a) 11-8-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4" year 1948 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1948, to Nov. 4, 1948 that I last saw him alive on Nov. 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral-Vascular accident	18 mos.
Due to Hypertension	unknown
Due to Arterio-sclerosis	unknown
Other conditions Pylo-nephritis (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations
Of autopsy 830

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 2

While at work? (e) Means of injury

23. Signature Ralph W. Gillet (M. D. or other) DO

Address La Plata, Mo Date signed 11-6-1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 12
District File Number 11-48-1925
Date Filed NOV 1 6 1948

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Foster R. Easley.

Licensed Embalmer No. 1146

P. O. Address Brashear, 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.