

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15903

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5281 Registrar's No. 57

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | c. LENGTH OF STAY (In this place) <u>4 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>IOOF Hospital</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Dickerson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 27-52</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 25-1869</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>10</u> | IF UNDER 24 HRS. Days <u>2</u> | Hours <u></u> | Min. <u></u> |
|-----------------------|----------------------------------|--|---|--|--|--------------------------------------|------------------|-----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>LaPlate, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Edward D. Dickerson</u> | 13b. MOTHER'S MAIDEN NAME <u>Permelia Talbert</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>IOOF Home Records</u> | ADDRESS <u>Liberty, Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 y 10</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Clay Co. Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1952, to 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 6:45 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wm. H. Sadson M.D. Liberty</u> | (Degree or title) | 23b. ADDRESS <u>Liberty, Mo.</u> | 23c. DATE SIGNED <u>5/28/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 30-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>W.O.O.F.</u> | 24d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>May 30 1952</u> | REGISTRAR'S SIGNATURE <u>Dennie Haynes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Penuch-Orchel Co. Liberty, Mo.</u> | ADDRESS <u>Liberty, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0240
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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



Licensed Embalmer No. 4448

P. O. Address Liberty, 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.