

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44190**

FILED DEC 29 1952

BIRTH NO. REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **1239**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. LENGTH OF STAY (in this place) 53 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 51 South Lincoln St.		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Marshall	
		d. STREET ADDRESS (If rural, give location) 51 South Lincoln	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) William c. (Last) Dickerson			4. DATE OF DEATH (Month) (Day) (Year) December 21-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1-1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 7 IF UNDER 11 HRS. Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Work-Retired	11. BIRTHPLACE (State or foreign country) Sweet Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James A. Dickerson	13b. MOTHER'S MAIDEN NAME Fannie Sims	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Aubrey Dickerson ADDRESS Kansas City, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 39d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis DUE TO (c) Asbestosis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asbestosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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 **Aug 1, 1952** to **Dec 21, 1952** that I last saw the deceased alive on **Dec 19, 1952**, and that death occurred at **4:00** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 12/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/26/52	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. Dec. 22-1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Marshall, Mo.
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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
Student Embalmer

Signed J. Leslie Swamy

Licensed Embalmer No. 2235

P. O. Address Marshall, 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.