S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1949

State File No. 41389

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 373

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 510 N.Ridgeway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): 510 N.Ridgeway

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): E.
c. (Last): DIXON

4. DATE OF DEATH (Month) (Day) (Year): Dec.3 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept.29,1882
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): Sheet Metal
10b. KIND OF BUSINESS OR INDUSTRY: Worker
11. BIRTHPLACE (State or foreign country): Jackson Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James P. Dixon
13b. MOTHER'S MAIDEN NAME: Virginia W. Drake
14. NAME OF HUSBAND OR WIFE: Mrs. Lena Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 490-16-0342
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Lena Dixon. Indep. 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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain tumor, type undetermined (Probable Glioblastoma multiforme) — 11 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none — 223X

19a. DATE OF OPERATION: Febr.1949
19b. MAJOR FINDINGS OF OPERATION: inoperable brain tumor — gross diagnosis. Biopsy unsatisfactory
20. AUTOPSY? YES ☐ NO ☒

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* January, 1949, *to* Dec 3, 1949, *that I last saw the deceased alive on* Dec 3, 1949, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James E. McConchie (Degree or title): M.D.
23b. ADDRESS: 1st National Bank Building Independence, Mo
23c. DATE SIGNED: 12-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.6,1949
24c. NAME OF CEMETERY OR CREMATORY: Salem Church Cem.
24d. LOCATION (City, town, or county) (State): 6mi-E. of Indep.Mo

DATE REC'D BY LOCAL REG.: Dec. 5 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ott-Mitchell Indep.Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 6 RECD

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. Marion Weir

Licensed Embalmer No. 3156

P. O. Address Independence 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.