

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4821

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 596

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 2 YEARS		e. STREET ADDRESS (If rural, give location) 3625 WARWICK BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION COLONIAL NURSING HOME			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) DIXON	
c. (Last) DIXON		4. DATE OF DEATH (Month) (Day) (Year) FEB. 7. 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 31. 1865
9. AGE (In years last birthday) 85 YEARS		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) JEFF. PH. CLERK		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) LACROSSE ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH HUNT		13b. MOTHER'S MAIDEN NAME — PUCKETT	
14. NAME OF HUSBAND OR WIFE JEFFREY DIXON		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'S SIGNATURE OR NAME, ADDRESS MRS. H. A. CRANDELL 3625 WARWICK BLVD KANSAS CITY, 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Chronic Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331K	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 25 Jan, 1950, to 7 Feb, 1950, that I last saw the deceased alive on 6 Feb, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE OF PERSON P. Barnett (Degree or title)		23b. ADDRESS 6305 Brookside Plaza	
23c. DATE SIGNED 7 Feb. 50		24a. LOCATION (City, town, or county) (State) HARRISON, ARKANSAS	
24b. DATE FEB. 7. 1950		24c. NAME OF CEMETERY OR CREMATORY	
DATE REC'D BY LOCAL REG. 2-8-50		REGISTRAR'S SIGNATURE D. W. Newcomer	
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS D. W. Newcomer		1331 Birch Kansas City, Mo.	

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 _____

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*
Student Embalmer *360*

Signed *A. P. Nofsinger*

Licensed Embalmer No. *3958*

P. O. Address *Kansas City, 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.