

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8616

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 986

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1409 Highland</u>		d. STREET ADDRESS (If rural, give location) <u>1409 Highland 226</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daya</u> b. (Middle) _____ c. (Last) <u>Dixon</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>27</u> (Year) <u>1950</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>3 Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>Dec. 25, 1899</u>
9. AGE (In years last birthday) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>it home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Waco, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Randle Hayes</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Dixon, Dec.</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marguerite Harrison</u> ADDRESS <u>1419 Highland Bl.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uræmia</u> DUE TO (c) <u>Hypertensive Heart Disease</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 March 31, 1949, to Feb. 27, 1950, that I last saw the deceased alive on Feb 27-50, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>Geo. W. Hedgepeth</u> (Degree or title) _____		23b. ADDRESS <u>1619 E 12 Kansas City Mo</u>		23c. DATE SIGNED <u>3/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-50</u>	REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adrian Bros. Funeral Home</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed C. Kenneth Kerford

Signed.....  
Student Embalmer

Licensed Embalmer No. 4467

P. O. Address \_\_\_\_\_

**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.