

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33488

State File No. ....

FILED NOV 4 1950

4366

BIRTH NO. 57940-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>619 Garfield Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carol</u> b. (Middle) <u>Ann</u> c. (Last) <u>Dickey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9-5-50</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Finis Crawford Dickey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Marie Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Not Married</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>Elizabeth Marie Patterson</u> ADDRESS <u>914 1/2 Shape</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (6 months 1 week)</u> INTERVAL BETWEEN ONSET AND DEATH <u>40 days</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	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 <u>9-5</u> , 19 <u>50</u> , to <u>10-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>50</u> , and that death occurred at <u>6:25 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert R. Tonkens D.O.</u>		23b. ADDRESS <u>318 Blue Ridge</u>	23c. DATE SIGNED <u>10/14/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>10-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-16-50</u>	REGISTRAR'S SIGNATURE <u>Thelma Holmea</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Sheil</u> ADDRESS <u>K. C. Mo.</u>	

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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 John P. Skil \_\_\_\_\_

Licensed Embalmer No. 3625 \_\_\_\_\_

P. O. Address D. C. 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.