

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36996**
Registrar's No. **4745**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4745</u>	
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 OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>721 West 44th Terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u>		b. (Middle) <u>V.</u>		c. (Last) <u>Dickey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 18, 1890</u>	9. AGE (In years by birthday) <u>56</u> <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traveling Mgr. Cooper-Jarrett Frt. Lines</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edwin V. Dickey</u>		13b. MOTHER'S MAIDEN NAME <u>Nan Richert</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Dickey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.S.W. #1</u>		16. SOCIAL SECURITY NO. <u>299-05-4894</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Agnes Dickey, 721 W. 44th Terr., K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial infarction</u> <u>Coronary thrombosis</u> <u>4201</u> This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, trauma, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. C. Coleman</u> (Degree or title) <u>M.D. Pathologist</u>				23b. ADDRESS <u>4922 Bell St. K.C. Mo.</u>		23c. DATE SIGNED <u>11-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Youngstown, Ohio</u>	
DATE REC'D BY LOCAL REG. <u>11-11-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u>			

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

FEB 3 1957

DEC 12 1950
9 77 AM

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 36996
Local Registrar's No. 4745

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of December, 1950, before me appears Mrs. Agnes G. Dickey

~~Mrs. Agnes G. Dickey~~, who, upon her oath, states that the original record of ^{birth} death
for Ray V. Dickey died November 10, 1950, 19 , in the State of
Missouri, and which was filed at Kansas City, Mo. on Nov. 11, 1950, should be corrected as follows:

Item No. 8 should read April 18, 1890

Instead of April 18, 1894

Item No. 9 should read 60

Instead of 56

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Agnes G. Dickey Widow
Relationship.

721 West 44th Terrace

Kansas City Present Address. Missouri

Subscribed and sworn to before me this 19th day of December, 1950

My Commission expires March 1, 1953.

Elsbeth Myers Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.