

FILED FEB 10 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1096

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARKANSAS b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) ROGERS	
c. LENGTH OF STAY (in this place) 1 MONTH		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4435 EUCLID AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE	b. (Middle) LOYA	c. (Last) DIXON	4. DATE OF DEATH (Month) (Day) (Year) JAN. 24. 1951
---	-------------------------	------------------------	---

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 10, 1893	9. AGE (In years last birthday) Months Days Hours Min. 57
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CARROL Co., ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	---

13a. FATHER'S NAME W. F. Sweeten	13b. MOTHER'S MAIDEN NAME Emmer Dishroon	14. NAME OF HUSBAND OR WIFE Charles 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 MRS. Shelby Parker	ADDRESS 4435 EUCLID
---	--	--	-------------------------------

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) Cornary thrombosis?		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer, floor of mouth		6 months
	DUE TO (c) (Radical excision 3 weeks ago)		14 1/2 hrs
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Jan 4, 1951	19b. MAJOR FINDINGS OF OPERATION Cancer of mouth involving mandible, nodes of neck	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.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
--	---	--

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 **Dec 20**, 19**50**, to **Jan 24**, 19**51**, that I last saw the deceased alive on **Jan 20**, 19**51**, and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frederick Mc Coy	(Degree or title) Mc Coy MD	23b. ADDRESS 1500 Prof. Bldg, S.E. Mo	23c. DATE SIGNED 24 Jan 51
---	---------------------------------------	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	24b. DATE JAN. 25 1951	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) ROGERS ARKANSAS
---	----------------------------------	--	---

DATE REC'D BY LOCAL REG. 1-25-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newman's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO
--	---	--	---

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

0. 50 U. M.

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 Basil W. Honey

Licensed Embalmer No. 4724

P. O. Address Asheband, 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.

48857. 271