

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23001**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3098

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (in this place) 20 years	a. STATE Missouri b. COUNTY Jackson
d. FULL NAME OF HOSPITAL OR INSTITUTION Geo. H. Nettleton Home, 5125 Sw. Pkwy.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
		d. STREET ADDRESS (If rural, give location) 5125 Swope Parkway, Nettleton Ho	

3. NAME OF DECEASED (Type or Print)	a. (First) NORA	b. (Middle) BELL	c. (Last) DICKSON	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 23, 1871	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George E. Dickson	13b. MOTHER'S MAIDEN NAME Laura Brown	14. NAME OF HUSBAND OR WIFE -
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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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine S. Baker, 5125 Swope Pkwy, KC Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 33 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Parkinsonism 2 yrs DUE TO (c) Cerebral arteriosclerosis		
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"/>
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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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 May, 1951 to 18 July, 1951, that I last saw the deceased alive on 17 July 1951 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Jean B. Willoughby, M.D.</i>	23b. ADDRESS <i>Prwy Bldg, KC Mo</i>	23c. DATE SIGNED <i>20 July 51</i>
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24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>	24b. DATE <i>7/21/51</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Higginsville, Mo.</i>
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DATE RECD BY LOCAL REG. <i>7-21-51</i>	REGISTRAR'S SIGNATURE <i>Geraldine Halmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>STINE & McCLURE, Kansas City, Missouri</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. James W. Young, Jr.
Pres. Bd. of Health - 612 5755

Apr. 12:30 Fri
1032

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
Student Embalmer

Student Embalmer No. _____

Signed Eugene Thomson

Licensed Embalmer No. 4633

P. O. Address Missouri 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.