

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41562**

FILED DEC 26 1951

BIRTH NO. **128475-57** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5270**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 2A38	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 8425 MADISON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			
3. NAME OF DECEASED a. (First) NANCY		b. (Middle) MAE	
		c. (Last) DIXON	
4. DATE OF DEATH DECEMBER 8 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT-2-1951
9. AGE (In years last birthday) 2 1/2		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM DIXON	
		13b. MOTHER'S MAIDEN NAME ETHEL PATE	
		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
		17. INFORMANT'S SIGNATURE OR NAME WILLIAM DIXON ADDRESS 8425 MADISON ST. KANSAS CITY, MO.	
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) Congenital heart disease, cyanotic type, (b) TRANSPOSITION of aorta and patent ductus arteriosus, with (c) pulmonary congestion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 27 months	
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 October 2, 1951 , to Dec. 8, 1951 , that I last saw the deceased alive on Dec 7, 1951 , and that death occurred at 4:30 am. , from the causes and on the date stated above.			
23a. SIGNATURE Raymond W. Latham (Degree or title) M.D.		23b. ADDRESS 231 W. 47. St. K.C., Mo	
23c. DATE SIGNED 12-8-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE DEC-9-1951	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 12-8-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons ADDRESS 331-BRUSH CREEK KANSAS CITY, MO.	

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 *Bernard L. Moran*

Licensed Embalmer No. *4250*

P. O. Address *A. 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.