S. No. 300
v. 10-48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20360

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2655

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lindeman Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3519 Prospect

3568

3. NAME OF DECEASED (Type or Print)
a. (First) Dixie
b. (Middle)
c. (Last) Brock

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1952

5. SEX Fe. 1
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June 18, 1869
9. AGE (In years last birthday) 82 — 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) retired housewife
10b. KIND OF BUSINESS OR INDUSTRY self employed
11. BIRTHPLACE (State or foreign country) Cartersville, Ga. 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Lindsey Payne
13b. MOTHER'S MAIDEN NAME Henrietta ------
14. NAME OF HUSBAND OR WIFE Edward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. XX
17. INFORMANT'S SIGNATURE OR NAME Ernest Brock — ADDRESS 7103 Harrison

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure- Terminal Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decubitus Ulcer
DUE TO (c) Due to being bedridden following fracture of left hip. 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2900 20

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 123
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home
21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson, (STATE) mo
21d. TIME OF INJURY (Month) 12 (Day) - (Year) 1951 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? fell on floor

22. *I hereby certify that I attended the deceased from* Dec., 1951, *to* June 11, 1952, *that I last saw the deceased alive on* 5/1/52, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. M. Shapiro (Degree or title) L. M. Shapiro OMA MD
23b. ADDRESS 628 Prof Bldg
23c. DATE SIGNED 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/13/1952
24c. NAME OF CEMETERY OR CREMATORY Green Lawn
24d. LOCATION (City, town, or county) Jackson County (State) Missouri

DATE REC'D BY LOCAL REG. 6-12-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE BENTLEY MORTUARY — ADDRESS 5811 Troost - K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Guy D. Buffington

Licensed Embalmer No. 2756

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.