

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3059

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3059

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 70 yrs	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY MO 643	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 1215 BRUSH CREEK RAMP 0	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) BEATTIE c. (Last) DIXON			4. DATE OF DEATH (Month) (Day) (Year) JULY 2-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-24-1871	9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET COLLECTOR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET COLLECTOR		10b. KIND OF BUSINESS OR INDUSTRY Railway Express		11. BIRTHPLACE (City and State or Foreign Country) EMPORIA - KANSAS	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ROBERT P. DIXON		13b. MOTHER'S MAIDEN NAME LIDA MAYS		14. NAME OF HUSBAND OR WIFE MARGARET FRANCIS 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. - - - - -		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS HAROLD D. DIXON 639 A 61 ST 174 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH one hr
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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.)		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 1849, 19 to July 2, 1922, that I last saw the deceased alive on June 30, 1922, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE Delon A. Williams MD (degree or title) Delon A. Williams MD		23b. ADDRESS 506 Prof Bldg		23c. DATE SIGNED 7/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-5-52		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	
				24d. LOCATION (City, town, or county) KANSAS CITY MO	

DATE REC'D BY LOCAL REG. 7-5-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS DW Muscomis Sons 1331 Brush Creek KCMO	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Charles H. Stehman

Licensed Embalmer No. 4560

P. O. Address KC, 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.