S. No. 300
r. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1953

State File No. 42245

BIRTH NO. — REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5543

(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): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V.A. Hospital

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): 1600 Olive

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3. NAME OF DECEASED (Type or Print)
a. (First): Linwood
b. (Middle): A.
c. (Last): Dyer

4. DATE OF DEATH (Month) (Day) (Year): December 16 1952

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (~~Separated~~)
8. DATE OF BIRTH: 9-14-1892
9. AGE (In years last birthday): 60 — 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): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barbering
11. BIRTHPLACE (City and State or Foreign Country): Higginsville, Missouri 10
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Anderson Dyer
13b. MOTHER'S MAIDEN NAME: Sally Garner
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: ~~V.A. Hospital Records~~ Mary Henderson — ADDRESS: 2523 Northland

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) Carcinoma of the thyroid — INTERVAL BETWEEN ONSET AND DEATH: 3 months

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.

194 A

19a. DATE OF OPERATION: 12-12-52
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~December 12 19 52~~, *to* ~~December 16 19 52~~, ~~*that I last saw the deceased*~~ *alive on* ~~19~~, *and that death occurred at* 11:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: George A. Higgins (Degree or title) — GEORGE A. HIGGINS, M.D. Chf. Surgical Service
23b. ADDRESS: V.A. Hospital, Kansas City, Missouri
23c. DATE SIGNED: 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-52
24c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn
24d. LOCATION (City, town, or county) (State): R. C. Mo.

DATE REC'D BY LOCAL REG.: 12-18-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Brigham & Jones — ADDRESS: 2300 E. 18th

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2300 East 18th

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.