

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14137**

FILED APR 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1887

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1839 1/2 East 8th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Wiley</u>			a. (First)			b. (Middle)			c. (Last) <u>Dickson</u>			<b>4. DATE OF DEATH</b> (Month) <u>4</u> (Day) <u>3</u> (Year) <u>1953</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Mar. 25, 1878</u>			<b>9. AGE</b> (In years last birthday) <u>75</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Creosote Factory Koppers Plant</u>				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Washington, Arkansas</u>						

<b>13a. FATHER'S NAME</b> <u>Phillip Dickson</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nora Dickson</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b> <u>495-03-1314</u>			<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Nora Dickson</u>			<b>17. ADDRESS</b> <u>1839 1/2 E. 8th St.</u>		

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>							<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							16	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u> <u>Senility</u>								
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>							<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 2-14-53, 1953, to 4-3-53, 1953, that I last saw the deceased alive on 4-3-53, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>E. Frank Ellis</u>			<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>			<b>23c. DATE SIGNED</b> <u>4-7-53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>4/11/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>			

<b>DATE REC'D BY LOCAL REG.</b> <u>4-8-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>			<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>Watkins</u>				
--	--	--	--	--	---	--	--	--	--

(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 *Dwight H. Watkins*

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.