

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24745**
3403

FILED JUL 24 1953

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

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 township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 43 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL 42 1320 EAST 30TH STREET			

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) E. c. (Last) DICKSON			4. DATE OF DEATH (Month) (Day) (Year) JULY-6-1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH OCT-14-1908	9. AGE (In years last birthday) 84	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 - JAS. ASSOCIATE		10b. KIND OF BUSINESS OR INDUSTRY W. B. YOUNG METAL SUPPLY COMPANY		11. BIRTHPLACE (City and State or Foreign Country) MEFORD, ONTARIO CANADA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT DICKSON		13b. MOTHER'S MAIDEN NAME LETTITIA LOUISA UNSWORTH		14. NAME OF HUSBAND OR WIFE FRANCES L. DICKSON	
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. 499-07-9243		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. FRANCES D. HOASON 1320 E. 30TH 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES DUE TO (b) unknown		
	DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown			156 h

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 **Feb 22, 1939**, to **July 6, 1953**, that I last saw the deceased alive on **July 6, 1953**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold A. Pallett (Degree or title)		23b. ADDRESS 1132 Prof. Bldg. KCMU		23c. DATE SIGNED 7/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JULY 8-1953		24c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMERSONS	
DATE REC'D BY LOCAL REG. 7-8-53		REGISTRAR'S SIGNATURE Geraldine Smith		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer Sons				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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

11:30. 6:00 P.M.

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.....
Signature of Student Embalmer

Signed John B. Lewis

Licensed Embalmer No. 4875

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.