

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8601**

FILED MAR 25 1954 BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1005**

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

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. CITY OR TOWN Kansas City, Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 8801 East 63rd, Street	
3. NAME OF DECEASED (Type or Print) a. (First) Marcel b. (Middle) GEORGE c. (Last) Dixon		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 1913
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - OPERATOR	11. BIRTHPLACE (City and State or Foreign Country) BOWLING GREEN, ILLINOIS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY DIXON INTERIOR DECORATING	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE DIXON		13b. MOTHER'S MAIDEN NAME WOOLMAN	14. NAME OF HUSBAND OR WIFE Ruth 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. 35-07-1309	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Dixon ADDRESS 8801 East 63rd 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA ANTECEDENT CAUSES DUE TO (b) CORONARY THROMBOSIS DUE TO (c) CHOLELITHIASIS, GASTRIC ULCERS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHOLELITHIASIS, GASTRIC ULCERS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August, 1951 , to MAR. 4, 1954 , that I last saw the deceased alive on MAR. 3, 1954 , and that death occurred at 2:25 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE George K. Landis, M.D.		23b. ADDRESS 1630 Prof. Bldg.	23c. DATE SIGNED 3/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MARIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE DW Newman Sons ADDRESS 1831 BRUSH CREEK BLVD KANSAS CITY MO	

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 *Robert J. Boyer*

Licensed Embalmer No. *48*

P. O. Address *Ke 10, 1*

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.