

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12024

State File No. _____

1614

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 Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4 Wks.	c. CITY OR TOWN Overland Park		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 St. Luke's Hospital			e. STREET ADDRESS (If rural, give location) 7306 Outlook		
3. NAME OF DECEASED (Type or Print) a. (First) DEBORAH b. (Middle) H. c. (Last) DICKHOUT			4. DATE OF DEATH (Month) (Day) (Year) April 10, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0
IF UNDER 4 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME John H. Redford		
13b. MOTHER'S MAIDEN NAME Mary Cleveland			14. NAME OF HUSBAND OR WIFE William S. Dickhout		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Miss Mary Dickhout ADDRESS Overland Park, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma - liver				INTERVAL BETWEEN ONSET AND DEATH 2 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of pancreas				Interval 6 months	
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
157X					
19a. DATE OF OPERATION 3/31/54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of body of pancreas will live metastatic				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) (m.)	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 Nov. 1953 , to April 10, 1954 , that I last saw the deceased alive on 4/9, 1954 , and that death occurred at 2⁰⁰ A. m. , from the causes and on the date stated above.					
23a. SIGNATURE Edward H. Klein (Degree or title)			23b. ADDRESS Phys. Med. Bldg. KC-2-Mo.		23c. DATE SIGNED 4/10/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-12-54	24c. NAME OF CEMETERY OR CREMATORY Lees Summit		24d. LOCATION (City, town, or county) (State) Lees Summit, Missouri	
DATE REC'D BY LOCAL REG. 4-10-54		REGISTRAR'S SIGNATURE Sereldine Smith		25. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

*Emergency Room 3:30
Act 1*

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 *Walter H. Erwin*.....

Licensed Embalmer No. *43*.....

P. O. Address *Kenosha*.....

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.