300
48

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27202

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 3789

0

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): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KCTB 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): 2416 EUCLID
2398
0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): JANE
c. (Last): DIXON

4. DATE OF DEATH (Month) (Day) (Year): Aug - 1 - 1954

5. SEX: F 3
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: JAN 22 - ~~1871~~ 1871
9. AGE (In years last birthday): 83 — 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): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS SAMPSON
13b. MOTHER'S MAIDEN NAME: AMBRICA JOHNSON
14. NAME OF HUSBAND OR WIFE: W. L. Dixon (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jess D. Sampson — ADDRESS: 2416 Euclid

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): PULMONARY TUBERCULOSIS

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.

INTERVAL BETWEEN ONSET AND DEATH: 002 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* JUNE 9, 1954, *to* AUG 1, 1954, *that I last saw the deceased alive on* AUG 1, 1954, *and that death occurred at* 8:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Altomare (Degree or title): Edward P. Altomare M.D.
23b. ADDRESS: Kansas City, Mo.
23c. DATE SIGNED: 8-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug-7-1954
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
24d. LOCATION (City, town, or county): Kansas City (State): MO.

DATE REC'D BY LOCAL REG.: 8-4-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Monlove - Williamson
ADDRESS: 1729 Lydia

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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