

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

30662

STATE FILE NUMBER

3804

99734-56 Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 3 1/2 hrs.	49 d. STREET ADDRESS (If outside, give location) 3315 Harrison		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Infant Middle Last Dickens			4. DATE OF DEATH Month 8 Day 5 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-5-1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 3 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Missouri	
13. FATHER'S NAME John B. Dickens			14. MOTHER'S MAIDEN NAME Shirley Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Record Libr. Gen'l Hosp. K.C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized degeneration of all organs					Life
DUE TO (c)					7593
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 5, 1956 to August 5, 1956 and last saw him ^{him} alive on Aug. 5, 1956 ✓ Death occurred at 11:50P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. L. Burns, M.D. (Degree or title)			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 8-6-1956
23a. BURIAL, CREMATION, OR OTHER (Specify)		23b. DATE 8-31-56	23c. NAME OF CEMETERY OR CREMATORY Field		23d. LOCATION (City, town, or county) (State) Kansas City MO
24. FUNERAL DIRECTOR Anna Schmyer		ADDRESS NC MO		25. DATE RECD. BY LOCAL REG. 8-30-56	25. REGISTRAR'S SIGNATURE Reva Marshall

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. A. Sawyer

Licensed Embalmer No. 30

P. O. Address 15C

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.