

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-181124  
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 2418

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3604 Highland</b>		d. STREET ADDRESS <b>3604 Highland</b>	
Length of stay in 1b <b>42 Yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Emmett</b> Last <b>Dickinson</b>			4. DATE OF DEATH Month <b>May</b> Day <b>11</b> Year <b>1958</b>		
--	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jul. 17 1894</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Office Bldg.</b>	11. BIRTHPLACE (City and state or country) <b>Liberty, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>Edgar B. Dickinson</b>	13b. MOTHER'S MAIDEN NAME <b>Cora F. Cutting</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie Dickinson</b>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>510-05-4736</b>	17. INFORMANT <b>Hattie Dickinson</b>	Address <b>3604 Highland K.C. Mo.</b>
---	---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Sclerosis</b>	<b>3 wks.</b>
	DUE TO (c)	<b>4201</b>
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 type="checkbox"/> NO <input checked="" 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 <b>8:30</b> Month, Day, Year a.m. <b>A M</b> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>Kansas City, Mo.</b>	COUNTY <b>Missouri</b>	STATE
--	---	--	---	---------------------------	-------

21. I attended the deceased from <b>May 1, 1958</b> to <b>May 11, 1958</b> and last saw her alive on <b>May 11, 1958</b> Death occurred at <b>8:30 A M</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <b>John K. Caldwell MD</b> (Degree or title)	22b. ADDRESS <b>Kansas City, Mo.</b>	22c. DATE SIGNED <b>5/12/58</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REBURIAL (Specify) <b>Burial</b>	23b. DATE <b>May 13-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
---	---------------------------------	---	--

24. FUNERAL DIRECTOR <b>Mrs C.L. Forster Funeral Home Inc.</b>	ADDRESS <b>918 Brooklyn Kas. City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-13-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
---	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

John K. Caldwell USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300 I  
1-57

9/1

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 *John V. Herwick* .....  
Licensed Embalmer No. *4848* .....  
P. O. Address, *J. C. Sew.* .....

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.