

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029068

STATE FILE NUMBER

3807

Registration District No. 149 Primary Registration District No. F002 Registrar's No. 3807

FILED AUG 20 1958

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		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.	
Length of stay in 1b 35 YEARS		d. STREET ADDRESS (If outside, give location) 5804 GARFIELD AVE	
3. NAME OF DECEASED (Type or print) First Middle Last ALGERNON GUNTER DICKERT		4. DATE OF DEATH Month Day Year AUGUST 6 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-13-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) PHARMACIST AND		10b. KIND OF BUSINESS OR INDUSTRY DRUGGIST SHOPS	11. BIRTHPLACE (City and state or country) NEWBERRY, SOUTH CAROLINA
13a. FATHER'S NAME JUDGE PASCHAL DICKERT		13b. MOTHER'S MAIDEN NAME LUCILLE SUBER	14. NAME OF HUSBAND OR WIFE MRS. ERSETT VIVIAN DICKERT
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. 498-12-5987	17. INFORMANT Mrs. ERSETT VIVIAN DICKERT Address 5804 Garfield KANSAS CITY 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) Ruptured Heart			INTERVAL BETWEEN ONSET AND DEATH Recent
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction			10 days
DUE TO (c) Hypertensive Arteriosclerotic Heart Disease			5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 1-27-1953, to 8-6-58 and last saw him alive on 8-6-58 Death occurred at 7:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank B. Leitz M.D.		22b. ADDRESS 1530 Park Pl. Kansas City Mo	22c. DATE SIGNED 8-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG-8-1958	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 8-8-58	26. REGISTRAR'S SIGNATURE Irene Marshall

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.

Frank B. Leitz USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE MD*

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.