

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 5 1960

-60-015258

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2181

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE KANSAS		b. COUNTY ALLEN		
Length of stay in 1b 52 days		c. CITY OR TOWN LA HARPE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.				d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First MILO		Middle WAYNE		Last DIX		Month Day Year APRIL 18, 1960		
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 4-22-19	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SABONBURG, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE O. DIX			13b. MOTHER'S MAIDEN NAME DOLLIE O. MILLER			14. NAME OF HUSBAND OR WIFE DOBOIT M. DIX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. SOCIAL SECURITY NO. 510-18-4983		17. INFORMANT Dorothy M. Dix Wife La Harpe, Kansas Address Official Records VA Hospital, K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary congestion and edema								
DUE TO (b) Metastatic adenocarcinoma to multiple bones								
DUE TO: Carcinoma, primary source undetermined								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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		
VA				VA		VA		
21. I attended the deceased from February 26, 1960 to April 18, 1960 and 11/11/47 11/11/47 Death occurred at 6:41 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. A. TURNER, M.D. (Degree or title) <i>J. A. Turner M.D.</i>				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 4-19-60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Removal		4-19-60		Wola Cem		Wola Kansas		
24. FUNERAL DIRECTOR DW Newcomes Sons, Inc. ADDRESS N.C.				25. DATE RECD. BY LOCAL REG. 4-19-60		26. REGISTRAR'S SIGNATURE Neva Marshall		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert H. Savary

Licensed Embalmer No. 4812

P. O. Address Kansas

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.