

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

=60-023183

149 Registration District No. Primary Registration District No. 1002 Registrar's No. 3071 STATE FILE NUMBER

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, Missouri		c. CITY OR TOWN Raytown		d. STREET ADDRESS (If outside, give location) 8900 Richard Drive	
Length of stay in 1b 2 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First CONRAD		Middle E.		Last DIXON		Month Day Year JUNE 6 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 5-7-86	9. AGE (last birthday) 74 years	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) Kansas City Power & Light		10b. KIND OF BUSINESS OR INDUSTRY Butler Missouri		11. BIRTHPLACE (City and state or country) Butler Missouri		12. CITIZEN OF WHAT COUNTRY U SA	
13a. FATHER'S NAME Gibson Dixon			13b. MOTHER'S MAIDEN NAME Margaret A. Jones			14. NAME OF HUSBAND OR WIFE Eula L. Dixon	
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. 487-01-0701		17. INFORMANT Address Mrs. Eula L. Dixon Raytown Missouri			
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) Cerebro Vascular Accident							
DUE TO (b) ASC - Diabetes							
DUE TO (c) CA Gallbladder c metastases							
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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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			
21. I attended the deceased from Jan 1960 to June 5, 1960 and last saw him alive on 6/5/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. L. Friedman, M.D.				22b. ADDRESS 701 E. 63 K.C. Mo		22c. DATE SIGNED 6/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/8/1960	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri			
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd.			25. DATE RECD. BY LOCAL REG. 6-8-60		26. REGISTRAR'S SIGNATURE New Marshall		
Kansas City Missouri				(Licensed Embalmer's Statement on Reverse Side)			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. L. Friedman

MOBILE

AL

CERTIFICATE

2-1-50

1234

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 Chester K. Brown

Licensed Embalmer No. 493

P. O. Address K E M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.