IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4254 STATE FILE NUMBER 60-030512

NDED

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 — Length of stay in Ib: Life	c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 4037 Woodland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MRS. Middle: MARGARET MARY Last: DICKERSON				4. DATE OF DEATH Month: Aug. Day: 18 Year: 1960	
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 10-23-1886	9. AGE (last birthday): 73	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Joseph Moroney	13b. MOTHER'S MAIDEN NAME: Margaret Mary -----	14. NAME OF HUSBAND OR WIFE: Dale Dickerson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Dale R. Dickerson	Address: 4037 Woodland		

MEDICAL CERTIFICATION

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)	Respiratory Failure	5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac Arrythmia + Low Cardiac Output	2 hr
DUE TO (c)	Myocardial Infarction	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary Atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 June 1, 60 to 8-18-60 and last saw her alive on 8/18/60

Death occurred at 4 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George K. Boyd (Degree or title) MD — 22b. ADDRESS 1630 Professional Bldg KC Mo — 22c. DATE SIGNED 8/19/60

BY AFFIDAVIT OF George K. Boyd

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 8-20-60 — 23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — 23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar — ADDRESS: 1800 E. Linwood — 25. DATE RECD. BY LOCAL REG.: 8-19-60 — 26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Dr. Bay
Prog. Bl
- ~~BA 1-585~~
V12-164

around 3

Call back

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dale L. Ma
Signature of Student Embalmer

Licensed Embalmer No. 510

P. O. Address Shawn

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