

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014099

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 218

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 2 1961**  
**T. PLACE OF DEATH**  
 a. COUNTY Jackson  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Independence Length of stay in 1b 2 years  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Reiss Nursing Home Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Independence Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 1041 Truman rd Reside on Farm Yes  No

3. NAME OF DECEASED First Effie Middle Emma Last Dickson 4. DATE OF DEATH Month April Day 23 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-30-1872 9. AGE (last birthday) 88 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 Domestic 11. BIRTHPLACE (City and state or country) Oakville, Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George R. Johnston 13b. MOTHER'S MAIDEN NAME Mary Souisa 14. NAME OF HUSBAND OR WIFE Joseph Henry Dickson

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. None 17. INFORMANT Address Mrs. Hazel Todd 1100 N. Cottage Indep. 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) Hypostatic pneumonia  
 DUE TO (b) Congestive Heart Failure  
 DUE TO (c) Hypertensive Cardiovascular disease  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular Accident with apoplexy + dysphagia 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 Month, Day, Year a.m. p.m.

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 3-14-61 to 4-23-61 and last saw her live on 4-22-61  
 Death occurred at 6:54 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benneth A Mangels, M.D. 22b. ADDRESS Independence, Mo 22c. DATE SIGNED 4-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-23-1961 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR ADDRESS Gillespie Funeral Home 25. DATE RECD. BY LOCAL REG. 4-23-61 26. REGISTRAR'S SIGNATURE Alba L. Craig, Deputy.  
D.W. Heckart Sedalia, Missouri

**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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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.