

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-041009

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5723 STATE FILE NUMBER

FILED DEC 11 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 7 mos.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION King's Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Illinois b. COUNTY Augusta
 c. CITY OR TOWN Evanston, Illinois Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1021 Garnette Reside on Farm Yes No

3. NAME OF DECEASED First Minnie Middle Dickenson Last Dickenson 4. DATE OF DEATH Month 11 Day 13 Year 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Unknown 9. AGE (last birthday) About 95 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) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Staunton, Virginia 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Frank Dickenson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Not married

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 Sue Hobbs Address 3911 Bales K.C. 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) Toxemia
 DUE TO (b) Decubitus Ulcer
 DUE TO (c) Cerebrovascular accident with/ hemiplegia
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 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 10-7-61 to 11-13-61 and last saw her alive on 11-13-61
 Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Dixon M.D. 22b. ADDRESS Kansas City 27, Missouri 22c. DATE SIGNED 11-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11/16/1961 23c. NAME OF CEMETERY OR CREMATORY Staunton, Virginia 23d. LOCATION (City, town, or county) (State) Staunton, Virginia

24. FUNERAL DIRECTOR Mrs. J. W. Jones ADDRESS 2110 N. 5th. St. 25. DATE RECD. BY LOCAL REG. 11-16-61 26. REGISTRAR'S SIGNATURE Ruth Long

V. L. Dixon

2204 $\frac{1}{2}$ E. 18th.

Be 1-6188

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 Clyde English

Licensed Embalmer No. 4105

P. O. Address 2110 2nd St
K.C.

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.