

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30548**
4432

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>18 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. LUKES Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH M. DICKSON</u>		4. DATE OF DEATH <u>September 16, 1954</u>	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 22, 1877</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARTINSVILLE, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Calvin W. Croaken</u>	13b. MOTHER'S MAIDEN NAME <u>MARY M. Mathews</u>	14. NAME OF HUSBAND OR WIFE <u>Giles M. Dickson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Catherine Brown - P.C. Missouri</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> <u>7mo.</u> <u>7mo.</u> <u>17ix</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydronephrosis</u>		
	DUE TO (c) <u>Carcinoma of Cervix</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>9-10</u> , 19 <u>54</u> to <u>9-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-14</u> 19 <u>54</u> and that death occurred at <u>6:55 p.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>V. B. Ballard</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>411 Nichols Rd</u>	23c. DATE SIGNED <u>9-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>Sept. 18, 1954</u>	24c. NAME OF GEMETERY OR CREMATORY <u>D.W. Newcomer's Sons Crematory</u>
DATE REC'D BY LOCAL REG. <u>9-18-54</u>	REGISTRAR'S SIGNATURE <u>Neven Marshall</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. G. Newcomer</u>		ADDRESS <u>1231 Brown Creek Kansas City, Missouri</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clare V. Conroy
Licensed Embalmer No. 4939

P. O. Address K.C. 10, 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.