

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11871**  
1415

FILED APR 25 1955

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>1415</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (in this place) <b>89 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		f. STREET ADDRESS (If rural, give location) <b>1705 Summit</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle)	c. (Last) <b>Dixon</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 27 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JAN-12-1866</b>	9. AGE (In years last birthday) <b>89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-2YRS-WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MAILING ROOM N.C. STAR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BROOKLYN, NEW YORK</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>UNKNOWN DIXON</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-12-9981</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MAJOR HENRY H. FOX</b> ADDRESS <b>5305 CHARLOTTE KANSAS CITY, MO.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of tongue with metastases</b>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>141X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <b>Dec. 31</b> , 19 <b>54</b> , to <b>March 27</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>March 27</b> , 19 <b>55</b> , and that death occurred at <b>10:15 AM</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>3-28-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 30 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>3-30-55</b>	REGISTRAR'S SIGNATURE <b>Wend Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.K. Newcomer</b> ADDRESS <b>1331 BRUSH CARR KANSAS CITY, MO.</b>		

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

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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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KE 4th*

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.