

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36813**
4767

FILED NOV 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kansas City		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Crestwood Hospital				6. STREET ADDRESS (If rural, give location) 5020 Virginia			
3. NAME OF DECEASED (Type or Print)		a. (First) Anjenette		b. (Middle)		c. (Last) Dixon	
4. DATE OF DEATH		7. DATE OF BIRTH		8. AGE (In years last birthday)		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.	
Nov. 6, 1955		June 23, 1868		87		Months Days Hours Min.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
		Iowa		U.S.A.		Basil Young	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
Hancher		Frank W. Dixon		No		None	
17. INFORMANT'S SIGNATURE OR NAME				ADDRESS			
Julia Helm				5020 Virginia Kansas City Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		acute Heart Failure				7 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				19. DATE OF OPERATION	
ANTECEDENT CAUSES		DUPLICATE TO (b) Low Anterior Sclerosis				DUPLICATE TO (c) None	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE TO (c) None				DUPLICATE TO (c) None	
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)	
						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>1948</u> , to <u>Nov 6, 1955</u> , that I last saw the deceased alive on <u>Nov. 6, 1955</u> and that death occurred at <u>5:00 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE L. M. Miller (Degree or title)				23b. ADDRESS 4443 Paseo Blvd.		23c. DATE SIGNED 11-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Removal		Nov. 6, 1955		Holton		Holton Kansas	
DATE REC'D BY LOCAL REG. 11-6-55				REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster Funeral Home Kansas City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Vigil Herwick*.....
Licensed Embalmer No. *35-8*

P. O. Address *H. C. M.*.....

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.