

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1291**

BIRTH NO. **15174** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2**

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>Clay</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>Kansas City, north</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3441 n - Cleveland</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DIXIE</b>	b. (Middle) <b>JOE</b>	c. (Last) <b>CARLTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 2 1956</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, <input type="radio"/> WIDOWED, <input type="radio"/> DIVORCED (Specify)	8. DATE OF BIRTH <b>12/9/1956</b>	9. AGE (In years last birthday) <b>0</b> Months <b>0</b> Days <b>24</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>3</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JOE E. CARLTON</b>	13b. MOTHER'S MAIDEN NAME <b>DIXIE LEE TOWNSEND</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Robert Carlton 1005 E 19th St. Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>7 5/11</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 Birth, 19  , to 2 Jan, 1956, that I last saw the deceased alive on 2 Jan, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.D. Dwyer</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>1808 Swift Ave North Kan Ct Mo</b>	23c. DATE SIGNED <b>1/2/56</b>
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24a. REMOVAL (Specify)	24b. DATE <b>1/4/56</b>	24c. NAME OF CEMETERY <b>GREENLAWN</b>	24d. LOCATION (City, town, or county) (State) <b>Schell City Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-2-56</b>	REGISTRAR'S SIGNATURE <b>Wanda Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>LEWIS &amp; SON Schell City, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JOHN G. LEWIS  
 1215 S. 10th St.  
 St. Paul, Minn.  
 License No. 477  
 P. O. Schell E.

**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..... *John G. Lewis*  
 Licensed Embalmer No. 477  
 P. O. Address Schell E.

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.

FEMININE FOR...