

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25038

Do not use this space.

## 1. PLACE OF DEATH

(a) County *Christian* Registration District No. *184*  
(b) Township *Franklin* Primary Registration District No. *4110*  
(c) City *Clark, Mo.* (d) Street No. *at residence* St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred *10 yrs.* (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

*Louise Catherine Dixon*  
(a) Residence, No. *Clark, Mo.* St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Henry Dixon*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 28 - 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*63 4 2*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Christian County, Mo.*

FATHER 13. NAME *James Luttrell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

MOTHER 15. MAIDEN NAME *Elizabeth Ross*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT (ADDRESS) *Henry Dixon, Clark, Mo.*

18. BURIAL, CREMATION OR REMOVAL PLACE *Clark County, Mo.* DATE *Aug 1 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *B. B. Shipper, Clark, Mo.*

20. FILED *Aug 2 1938* *Bonetta Leonard* Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30 - 1938*

22. I HEREBY CERTIFY That I attended deceased from *May 3, 1938*, to *July 9, 1938*

I last saw him alive on *July 9, 1938*. Death is said to have occurred on the date stated above, at *6:45 P.M.*

The principal cause of death and related causes of importance were as follows:

*Valvular Heart Disease*

Date of onset

Other contributory causes of importance:

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy? *11/6*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No.*  
If so, specify

(Signed) *J. H. Wade*, M. D.  
(Address) *Clark, Mo.*

**STATEMENT BY LICENSED EMBALMER**

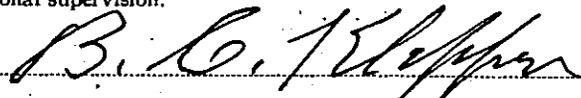
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**B. C. Klepper**

or by **Forest Klepper**

Registered Apprentice No. **143**, working under my personal supervision.

Signed



Licensed Embalmer No. **Mo. 2178**

P. O. Address **Ozark, 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 this body is not embalmed, above space should be left blank.**