

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32875

Registration District No. 690

Primary Registration District No. 5918

Registrar's No. 8

1. PLACE OF DEATH
(a) County Pike
(b) City or town Rural - Hartford Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 7 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Cordelia Dixon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June - 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days _____ If less than one day hr. _____ min.

9. Birthplace Lincoln Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name James Lewis
18. Birthplace Don't know
14. Maiden name Don't know
15. Birthplace _____

16. (a) Informant's own signature Cordelia Allen
(b) Address Frankford, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-40
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Yvonne B. ...
(b) Address Paulina Green, Mo
19. (a) Sept 30-40 (Date received local registrar) (b) W. D. ... Moore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hazette
(c) City or town Mayview
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 20 year 1940 hour _____ minute 29 M.
21. I hereby certify that I attended the deceased from 8/29/40 to 8/29/40, 19____; that I last saw her alive on 8/19/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac emboli Duration _____
Due to Hypertension and Endocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92B

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? (Specify type of place) (e) Means of injury _____
23. Signature W. D. ... Moore (M. D. or other) _____
Address Frankford, Mo Date signed Sept 30 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Numt. ~~10-40-1850~~

Date Filed OCT 8 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Grace Paulshead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.