DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17853

Registration District No. 286

Primary Registration District No. 5978

Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. Southwest of Humansville
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lafayette J. Dixon
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Winnie G. Dixon
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. (Month) 23 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	29	hr. min.

9. Birthplace Cedar Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own farm
FATHER
12. Name John Dixon
13. Birthplace Cedar Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Virgil Hare
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Ella Mae Lawson
(b) Address Humansville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Humansville Cemetery
18. (a) Signature of funeral director E H Grimm
(b) Address Humansville, Mo.
19. (a) May 24-45 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec, 1944, to May 21, 1945
that I last saw him alive on May 18, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	10 days
advanced Arterio	17 yrs
Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 940	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Rosie C. Nevins (M. D. or other) M.D.
Address Humansville Mo Date signed 5-24-45

1188

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-45-480
Date Filed 6-6-45

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 by me, Registered Apprentice No. ....., working under my personal supervision.

Signed E H Prunn

Licensed Embalmer No. 4282

P. O. Address Humansville, 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, fact should be so stated above.