S. No. 2
1—8-13
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Ruth

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

Registration District No. 314

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6062

State File No. 42753

Registrar's No.

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Vista
(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 years, months or days) In this community 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 93
(c) City or town Vista 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles W. Dixon
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Laney Dixon
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June (Month) 30 (Day) 1860 (Year)

8. AGE: Years 87 Months 4 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Wesley Dixon
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Not Known
15. Birthplace (City, town, or county) Not Known (State or foreign country)
16. (a) Informant Mrs Fred Perry
(b) Address Vista Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Cemetery
18. (a) Signature of funeral director H B Endicott
(b) Address Osceola Mo
19. (a) 11-11-47 (Date received local registrar) (b) Ruth Seeders (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 11-7-1947, 19..., to 11-9, 1947, that I last saw him alive on 11-9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostatic	8 da
Due to	
Due to general senility	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Ruth Seeders (M. D. or other)
Address Osceola Mo Date signed 11-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-97-1051
Date Filed 1-9-98

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 J B Goodwin

Licensed Embalmer No. 3038

P. O. Address Osceola 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.