S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948
Registration District No. 741

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5551

State File No. 16172
Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains, RFD1
(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 (Specify whether
In this community 66 yrs.,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town West Plains, RFD 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM ALBERT DIXON
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Mary I. Dixon
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 17th., 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	16	hr. min.

9. Birthplace Montgomery Co., Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name John Dixon 4
13. Birthplace England 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda La Turno 2
15. Birthplace Canada 2
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. A. Dixon
(b) Address West Plains, Mo., Rt. 1
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Union Hill
18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Missouri
19. (a) May 11 - 1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1948 hour 7 minute 30P M.
21. I hereby certify that I attended the deceased from 3/22, 1947, to 3/25, 1947;
that I last saw him alive on 3/25, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteria Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83	
Of autopsy 0	

PHYSICIAN
Underline the cause of 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 [signature] (M.D. ~~other~~)
Address West Plains, Missouri Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 548347
Date Filed 5-27-48

AUG 24 1955

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 R J Drago, Registered Apprentice No. 432, working under my personal supervision.

Signed D D Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.