

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27038  
Registrar's No. 6

Registration District No. 228

Primary Registration District No. 4342

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Jonesburg  
(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 life (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Jonesburg 10  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 5  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Olinda Elizabeth Dix

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lee H. Dix

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 12, 1883  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frederick Hoelscher

13. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Hensiek

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lee. H. Dix

(b) Address Jonesburg, Mo.

17. (a) Burial (b) Date thereof 8-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 8-1-48 (b) Mrs. Mary Miller  
(Date received local registrar) (Registrar's signature) 266

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28  
year 1948 hour 7:50 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 4-9-48 to 8-28-48  
that I last saw her alive on 8-27-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Thromboembolic Purpura

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 495

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature H. Hoelscher (M.D. or other) MD

Address Warrenton, Mo. Date signed 9/30/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 10 1948

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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 John J. Shieburg

..... Licensed Embalmer No. 3897

..... P. O. Address Warrenton, 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.**