

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42531

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MONROE Twp.</u>	c. LENGTH OF STAY (in this place) <u>84 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Monroe Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. west of Winfield</u>		d. STREET ADDRESS (If rural, give location) <u>4 mile west of Winfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>LACEY</u> c. (Last) <u>DIXON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 48</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-13-1864</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN H. DIXON</u>	13b. MOTHER'S MAIDEN NAME <u>MISSOURI STUART</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZ HOUSTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. E. DIXON</u>	ADDRESS <u>- WINFIELD, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>92B</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral insufficiency</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>17</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>17</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct, 1948, to 12-30, 1948, that I last saw the deceased alive on 12-30, 1948, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Kelley</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Winfield Mo</u>	23c. DATE SIGNED <u>1-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 7, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW SALEM</u>	24d. LOCATION (City, town, or county) (State) <u>WINFIELD Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-13-49</u>	REGISTRAR'S SIGNATURE <u>J. C. Neumann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elshury</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
JAN 18 1949

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. _____

4017

P. O. Address _____

Ellettsville, 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.