

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25952

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3900</u>		Registrar's No. <u>232</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>					
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>15 hrs</u>		c. CITY OR TOWN <u>La Plata</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim Smith Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>P.R. # 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jo</u> b. (Middle) <u>ANN</u> c. (Last) <u>DIXON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1949</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 6, 1946</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		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>			
13a. FATHER'S NAME <u>Creel Dixon</u>			13b. MOTHER'S MAIDEN NAME <u>Laurabee Allison</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>2</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Creel Dixon</u> ADDRESS <u>La Plata, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns from hot water</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Plata</u> <u>Macon</u> <u>Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 8 1949 11:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bucked into + sat down on bucket of water</u>					
22. I hereby certify that I attended the deceased from <u>Aug 8</u> , 1949, to <u>Aug 9</u> , 1949, that I last saw the deceased alive on <u>Aug 8</u> , 1949, and that death occurred at <u>2:00</u> a.m., from the causes and on the date stated above. In _____									
23a. SIGNATURE (Degree or title) <u>George E. Grim MD</u>				23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>8/9/49</u>			
24a. BURIAL (CREMATION, REMOVAL) <u>Burial</u>		24b. DATE <u>Aug 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata Missouri</u>				
DATE REC'D BY LOCAL REG. <u>8-9-49</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Davis</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1949  
District Health Officer No. 10  
District File Number 8-49-1410  
Date Filed AUG 16 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*Robert B. Davis*

Licensed Embalmer No.

*4219*

P. O. Address

*Kirkville, 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.