

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED JAN 30 1950

State File No. 43839

492

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 244	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill b. COUNTY Perry Ill.			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (in this place) 7 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Perry Ill.		d. STREET ADDRESS (If rural, give location) Rural 4 Miles N. of Perry, Ill.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 S. Main				d. STREET ADDRESS (If rural, give location) Rural 4 Miles N. of Perry, Ill.			
3. NAME OF DECEASED (Type or Print) Jobe		a. (First) Jobe		b. (Middle) Henry		c. (Last) Dixon	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 19, 1872		9. AGE (In years) 77		IF UNDER 1 YEAR 11 Months		IF UNDER 24 HRS. 1 Day	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Perry Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jobe Dixon		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Daisy Dixon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Dixon 318 S. Main, Webb City			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH           4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/21</u> , 19 <u>46</u> , to <u>12/20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/19</u> , 19 <u>49</u> , and that death occurred at <u>12:30 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Stormont, M.D.</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>12/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY McCord Cemetery		24d. LOCATION (City, town, or county) (State) Perry, Ill.	
DATE REC'D BY LOCAL REG. <u>Dec 21/49</u>		REGISTRAR'S SIGNATURE <u>J. L. Hutchell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u>		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-50  
Jaeger County Health Office

County File Number. 49-12-1020

Date Filed 1-24-50

FEB 4 1950

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.

Student .....  
Student Embalmer

Signed

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address

*West City, 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.