

FILED OCT 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29616  
Registrar's No. 319

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Gulston</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Moberly</i> 1883	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>State Hospital #1</i>		d. STREET ADDRESS (If rural, give location) <i>433 East Rollins St 1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Henry</i> c. (Last) <i>Dixon</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 27 1950</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>	8. DATE OF BIRTH <i>Aug 19 1864</i>	9. AGE (In years last birthday) <i>86</i>	IF UNDER 1 YEAR Months Days <i>1 8</i>	IF UNDER 18 HRS. Hours Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (State or foreign country) <i>Illinois 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>W H Dixon</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Gunder</i>	14. NAME OF HUSBAND OR WIFE <i></i>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>dk.</i>	16. SOCIAL SECURITY NO. <i>dk.</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Estella Irons</i>	ADDRESS <i>4336 Rollins Moberly</i>
---	---------------------------------------	---	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>332X</i>
	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. <i>Diabetes Mellitus</i>		

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 *July 25 1950*, to *Sept 27 1950*, that I last saw the deceased alive on *Sept 27 1950*, and that death occurred at *11:40 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James R. Hunter M.D.</i>	23b. ADDRESS <i>Gulston Missouri</i>	23c. DATE SIGNED <i>Sept 27 1950</i>
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 29, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG <i>SEPT. 27, 1950</i>	REGISTRAR'S SIGNATURE <i>Maretha Lawrence by REM</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Million Funeral Home</i>	ADDRESS <i>Moberly, Mo.</i>
--	---	---	--------------------------------

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

142  
2

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 2 1950

RECEIVED

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 Million, E Marion

Signed.....  
Student Embalmer

Licensed Embalmer No. 3957

P. O. Address Mabely, 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.