

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH0370
State File No. 8136

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>228-A</u>							
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD, Rural N. Campbell Twp</u>		c. LENGTH OF STAY (in this place) <u>7 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD, Rural N. Campbell Twp</u>		d. STREET ADDRESS (If rural, give location) <u>GREENE COUNTY FARM</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>GREENE COUNTY FARM</u>				d. STREET ADDRESS (If rural, give location) <u>GREENE COUNTY FARM</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIJAH</u>			b. (Middle) <u>BAKER</u>		c. (Last) <u>DIXON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14 1951</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 2</u>		8. DATE OF BIRTH <u>JUNE 28-1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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 <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>E. DIXON</u>			13b. MOTHER'S MAIDEN NAME <u>MARY E. SMITH</u>			14. NAME OF HUSBAND OR WIFE <u>MABLE ESSARY, DIXON, HOYT</u>							
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 ADDRESS <u>RUBY HICKEY, 2750 UTAH, ST. LOUIS, MISSOURI</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerosis, Cerebral</u> Morbidity 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. <u>331X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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>Nov</u> , 19 <u>50</u> , to <u>Mar 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 12</u> , 19 <u>51</u> , and that death occurred at <u>5:00 P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>James R. Amos M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>				23c. DATE SIGNED <u>3/15/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHADWICK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHADWICK MISSOURI</u>							
DATE REC'D BY LOCAL REG. <u>3-21-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Allen Harris Clover, Mo</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Dean Harris.....

Licensed Embalmer No. 4390.....

P. O. Address Cleveland, Mo......

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.