

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23622**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5675** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR Elsberry TOWN		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION New Hope Road		c. CITY (If outside corporate limits, write RURAL and give township) OR Elsberry TOWN	
		d. STREET ADDRESS (If rural, give location) New Hope Road	
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Charles c. (Last) Dixon			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH Feb. 13, 1872
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman-retired	11. BIRTHPLACE (State or foreign country) Winfield, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman-retired		10b. KIND OF BUSINESS OR INDUSTRY Burlington R.R.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry H. Dixon		13b. MOTHER'S MAIDEN NAME Missouri Stuart	14. NAME OF HUSBAND OR WIFE Cassie Jenkins 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. 707-09-5143	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Manard O. Dixon - Elsberry, Mo.
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) CARCINOMA OF PANCREAS ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. METASTATIC CARCINOMA OF LIVER	
19a. DATE OF OPERATION 5/9/51		19b. MAJOR FINDINGS OF OPERATION ABOVE CAUSES OF DEATH.	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 3 - 10 51 , to 7 - 2 - 1951 , that I last saw the deceased alive on 7 - 1 - 1951 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS ELSBERRY, MO	23c. DATE SIGNED 7/3/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Rose Hill
		24d. LOCATION (City, town, or county) (State) Elsberry, Missouri	
DATE REC'D BY LOCAL REG. 7/6/1951		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] - Elsberry, Mo.

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 26 1951

RECEIVED

DEC 27 1951

JUL 21 1951

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 _____

Gulacinski

Signed _____
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elberry, 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.