

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38300**

Registrar's No. **1132**

No. 300  
10.48

**FILED DEC 8 - 1951**

REG. DIST. NO. **267**

PRIMARY REG. DIST. NO. **4396**

Registrar's No. **1132**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pemiscot</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wardell</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wardell</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen. Del.</b>		d. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Belinda</b> b. (Middle) <b>Annette</b> c. (Last) <b>Dixon</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 28, 1951</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Infant</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 14, 1951</b>
<b>9. AGE</b> (In years last birthday) <b>14</b> IF UNDER 1 YEAR Months <b>14</b> IF UNDER 11 HRS. Hours <b>14</b> Mins.		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Gideon, Mo.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>X</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>X</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Clovas Dixon</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie Alice Hurley</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>X</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>X</b>		<b>16. SOCIAL SECURITY NO.</b> <b>X</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Clovas Dixon</b> <b>Wardell, Mo.</b>			
<b>18. CAUSE OF DEATH</b> 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.			
<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Unknown- this baby died while Sleeping. No foul play</b>			
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>7955</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>James A. Osburn</i>		<b>23b. ADDRESS</b> <b>Wardell, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>11-28-51</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>11-29-51</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Wardell Memorial</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Wardell, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>12-5-51</b>		<b>REGISTRAR'S SIGNATURE</b> <i>John W. German</i> <b>406</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Jimmy Osburn</b>		<b>ADDRESS</b> <b>Funeral Home, Wardell, Mo.</b>	

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

780  
1

0780

12-51-309

Rec. DEC 6 1951

PENNSBET COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

**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 James A. Caburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.