

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7809**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **67**

1. PLACE OF DEATH
 a. COUNTY **Cole**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Jefferson City**
 c. LENGTH OF STAY (in this place) (township) **1 year**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **901-E-Atchison**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Cole**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Jefferson City**
 d. STREET ADDRESS (If rural, give location) **901-E-Atchison 0264**

3. NAME OF DECEASED
 a. (First) **James D.**
 b. (Middle) **Dixon**
 c. (Last) **Dixon**

4. DATE OF DEATH (Month) (Day) (Year)
March 16, 1952

5. SEX
Male

6. COLOR OR RACE
Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
Sept 10, 1924

9. AGE (In years last birthday)
27

10. IF UNDER 1 YEAR
 Months **6** Days **6**

11. IF UNDER 1 YEAR
 Hours **1** Min. **0**

10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired)
Teacher

10b. KIND OF BUSINESS OR INDUSTRY
Lincoln U.

11. BIRTHPLACE (State or foreign country)
Columbia, S. Carolina

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
William Dixon

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service)
Yes

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
William Dixon Columbia, S.C.

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) **Pericarditis and myocarditis**
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
6 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4343

20. AUTOPSY?
 YES NO

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 **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 1, 1952**, to **March 16, 1952**, that I last saw the deceased alive on **2-13, 1952**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John Nantew MD

23b. ADDRESS
704 Welch St

23c. DATE SIGNED
2-16-52

24a. BURIAL, CREMATION, OR REMOVAL (Specify)
Interment

24b. DATE
2-19-1952

24c. NAME OF CEMETERY OR CREMATORY
Palmetto Cemetery

24d. LOCATION (City, town, or county) (State)
Columbia, S. Carolina

DATE REC'D BY LOCAL REG.
March 17-52

REGISTRAR'S SIGNATURE
R.P. Davis MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
James Hume 700 Jefferson

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

264
1

MAR 25 1952

Dr. Walsh
Dr. Mathison
MAR 21 1953

MAR 17 1953

MAR 17 1953

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 *J. J. Mathison*

Signed
Student Embalmer

Licensed Embalmer No. *3641*

P. O. Address *gmo.*

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.