

STANDARD CERTIFICATE OF DEATH

State File No. **17196**

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **5736** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlanta, Ga		c. LENGTH OF STAY (in this place) two years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lyda T. S D610			
d. FULL NAME OF HOSPITAL OR INSTITUTION Died at Home				d. STREET ADDRESS (If rural, also location) R.F.D.			
3. NAME OF DECEASED (Type or Print) a. (First) Sara b. (Middle) G c. (Last) Dixson			4. DATE OF DEATH (Month) May (Day) 23 (Year) 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 15, 1869	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months 9	11. UNDER 24 HRS. Hours 8	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY House Keeping		11. BIRTHPLACE (State or foreign country) Macon Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James H. Dixson		13b. MOTHER'S M maiden name Eveline Willis		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Durby Atlanta, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Senile Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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)		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 March , 19 52 , to May 23 , 19 52 , that I last saw the deceased alive on May 23 , 19 52 , and that death occurred at 9 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ernest Platt D.D.				23b. ADDRESS Atlanta Mo.		23c. DATE SIGNED May 24, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25 1952		24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (City, town, or county) (State) Moberly Randolph Co. Mo.	
DATE REC'D BY LOCAL REG. May 29 1952		REGISTRAR'S SIGNATURE Mrs O B Griffin		186 25. FUNERAL DIRECTOR'S SIGNATURE H M Goodding		ADDRESS Atlanta Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

(4)

RECEIVED 6.4.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.52.92
Date Filed.....6.4.52

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 AM Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.