

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17629

State File No. ....

FILED MAY 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 6046 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>10 year</u>		d. STREET ADDRESS (If rural, give location) <u>0 11</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>Washington</u>	
		c. (Last) <u>Dixon</u>	
4. DATE OF DEATH <u>May 5, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 30, 1867</u>
9. AGE (In years last birthday) <u>84</u>		if UNDER 1 YEAR <u>6</u> Months	if UNDER 24 Hrs. <u>5</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander J. Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth C. Ramey</u>	
14. NAME OF HUSBAND OR WIFE			
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 <u>Mrs Wilma Stewart</u>		ADDRESS <u>New Melle, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>		3 yrs	
		3 yrs	
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>Sept 2, 1949</u> , to <u>May 5, 1952</u> ; that I last saw the deceased alive on <u>May 3, 1952</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.E. Bergesen</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Wentzville, Mo</u>	
23c. DATE SIGNED <u>May 6-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Howell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 10 1952</u>		REGISTRAR'S SIGNATURE <u>Matthew P. Puff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Minnie M. ...</u>		ADDRESS <u>Wentzville</u>	

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

1970

**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

*Howard O. Kessler*

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.