

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27584

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5358</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Davies</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Davies</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Colfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Colfax</u>		OR TOWN		OR TOWN <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)		
(Type or Print) <u>Charity</u>	<u>Melvin</u>	<u>Dix</u>	<u>8</u>	<u>22</u>	<u>52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>11-28-1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John L. Ireland</u>		13b. MOTHER'S MAIDEN NAME <u>Olivia</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Dix</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. P. Amar, Winston, Mo.</u>				
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sanguine left leg -</u>					<u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Hypertension - Arterio</u>						
	DUE TO (c) <u>Sclerosis -</u>						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Serumity</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>447X</u>	
						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) _____		21d. (COUNTY) _____	
						21e. (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 <u>Aug 18, 1952</u> to <u>Aug 22, 1952</u> , that I last saw the deceased alive on <u>Aug 18, 1952</u> and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. K. Wilson M.D.</u>			23b. ADDRESS <u>Winston, Mo.</u>			23c. DATE SIGNED <u>8-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) <u>Hamilton</u>		24e. (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-4-52</u>	REGISTRAR'S SIGNATURE <u>Regina M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bate Stoup</u>	25. ADDRESS <u>Winston, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0310

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

F. O. Richesson

Signed.....
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Galatien, 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.