

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27575**

FILED AUG 19 1953

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 257	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 6 das		c. CITY OR TOWN Novinger		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Com. Nursing Home #1				e. STREET ADDRESS (If rural, give location) Novinger 0010			
3. NAME OF DECEASED (Type or Print) a. (First) Levi		b. (Middle) N.		c. (Last) Dixon		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 4, 1876	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner		11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jerry Dixon		13b. MOTHER'S MAIDEN NAME Sarah Rhoads		14. NAME OF HUSBAND OR WIFE Lillie J. Eitel Dixon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. x		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie J. Dixon, Novinger, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) hypertensive heart disease due to Hypertension (diastolic) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1201				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 Dec 7, 1952 to Aug 10, 1953 , that I last saw the deceased alive on Aug 10, 1953 and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Maiden W. Boone M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 8-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/13/53		24c. NAME OF CEMETERY OR CREMATORY Novinger,		24d. LOCATION (City, town, or county) (State) Novinger, Mo.	
DATE REC'D BY LOCAL REG. 8-17-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.			

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

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 X....., Student Embalmer No. X
working under my personal supervision..

Student X.....
Signature of Student Embalmer

Signed George W. Sawalt.....

Licensed Embalmer No. 4799.....

P. O. Address Kirkville.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.