

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35177

State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY <u>CALLOWAY MISSOURI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON MISSOURI</u>		c. CITY OR TOWN <u>GREEN CASTLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>154 +</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1</u>			

3. NAME OF DECEASED (Type or Print) <u>ROSIE</u>	a. (First)	b. (Middle)	c. (Last) <u>DIXON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 2nd 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated Widowed</u>	8. DATE OF BIRTH <u>Mar 4, 1889</u>	9. AGE (in years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>keeping own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>ALFRED Sloop</u>	13b. MOTHER'S MAIDEN NAME <u>HENRIETTA Not Given</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES DIXON Not given</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>not given</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Bergstein</u>	ADDRESS <u>Hospital Records Luman, Ill.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>	Anorexia		<u>15 Yrs</u>
ANTECEDENT CAUSES			
DUE TO (b) <u>Starvation, & Dehydration</u> <u>Periodical Episodes, Many yrs.</u>			
DUE TO (c) <u>Mental Psychosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>309X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Jan 12, 1953, to Nov 2, 1953, that I last saw the deceased alive on Nov 1, 1953, and that death occurred at 9:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Fowler M.D.</u>	23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>Nov 21 53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>	24b. DATE <u>Nov. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov 7-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	4267	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. N. Fulton Mo.</u>	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

July 19...

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.....
Signature of Student Embalmer

Signed *Nancy A. Stewart*

Licensed Embalmer No. *372*

P. O. Address *Indians*

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.