

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45474

State File No. _____

FILED JAN 19 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12027**

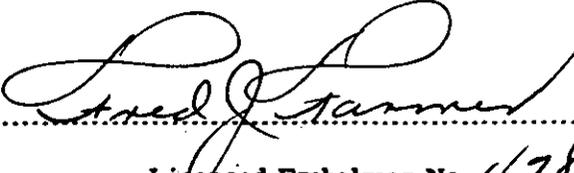
1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jefferson	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Herculaneum	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 0500	
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) J. c. (Last) Nixon			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1907
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Kaskaski, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME A.E. Dorsey	
13b. MOTHER'S MAIDEN NAME Mary Lamure		14. NAME OF HUSBAND OR WIFE Marvin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Nixon, Herculaneum, Mo.
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a), Empyema Gallbladder		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*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 Cholecystitis - Cholelithiasis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Hepatitis - severe	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 12/16/53	
19b. MAJOR FINDINGS OF OPERATION Empyema Gallbladder, Cholecystitis acute with cholelithiasis, Hepatitis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 584X	
22. I hereby certify that I attended the deceased from 12/16, 1953 to 12/19, 1953 , that I last saw the deceased alive on 12/19, 1953 , and that death occurred at 12:05P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Albert A. Carson, M.D.		23b. ADDRESS 3606. Davis	23c. DATE SIGNED 12/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-20-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Festus, Mo.
DATE REC'D BY LOCAL REG. DEC 21 1953		REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Festus, Mo.

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

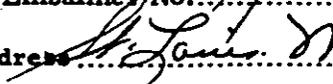
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4788

P. O. Address.....


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.