

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

709

State File No. 3

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>STEELVILLE MO</u>		c. CITY OR TOWN <u>Steelville Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>DIXON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 - 1954</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>(Specify)</u>		8. DATE OF BIRTH <u>Nov 16 - 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe maker</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Jeffersonville Tulsas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>MATHEW DIXON.</u>			13b. MOTHER'S MAIDEN NAME <u>MARY LAND</u>			14. NAME OF HUSBAND OR WIFE _____					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>490-74-7259</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Jones Steelville Mo</u>							
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile debility.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
		ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794 X</u>						20. AUTOPSY? 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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from Sept 10 1948 to Jan 7, 1954, that I last saw the deceased alive on Jan 7, 1954 and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. H. Jones</u> (Degree or title)			23b. ADDRESS <u>Steelville, Mo</u>			23c. DATE SIGNED <u>1/11/54</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN 10 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Steelville Mo</u>			
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DATE REC'D BY LOCAL REG. <u>1-14-54</u>		REGISTRAR'S SIGNATURE <u>Geralline C. Gilbert</u>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frankford Home Steelville Mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

280

FEB 3 1937

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 _____

Henry Jones

Licensed Embalmer No. *2438*

P. O. Address *Stettin, Md.*

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.