No. 300
10.48

FILED FEB 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. 1946

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 20

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

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WINFIELD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WINFIELD
d. STREET ADDRESS (If rural, give location): 0570 2

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): LESLIE
c. (Last): DIXON

4. DATE OF DEATH (Month) (Day) (Year): JAN. 25, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 18, 1887
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RFD-Winfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Dixon
13b. MOTHER'S MAIDEN NAME: SARAH SKINNER
14. NAME OF HUSBAND OR WIFE: Deceased

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.: 487-20-6283
17. INFORMANT'S SIGNATURE OR NAME: ANNABELLE KITSON
ADDRESS: WINFIELD, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-16, 1954, *to* 1-16, 1954, *that I last saw the deceased alive on* 1-16, 1954, *and that death occurred* ABOUT 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. H. Calloway DO
23b. ADDRESS: Elsberry, Mo.
23c. DATE SIGNED: 1-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-27-54
24c. NAME OF CEMETERY ~~OR CREMATORY~~: WINFIELD
24d. LOCATION (City, town, or county) (State): WINFIELD, Mo.

DATE REC'D BY LOCAL REG.: 1-30-54
REGISTRAR'S SIGNATURE: Emma R. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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