FILED JUN 30 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17772

BIRTH NO. 32165-54 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (in this place): 18 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KO Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: MACON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL. UNIC. 0610
d. STREET ADDRESS (If rural, give location): LA PLATA - Mo 1

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

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26 1954

5. SEX: G
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: MAY 23, 1954
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months 1 Days 3
IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Odell Dixon
13b. MOTHER'S MAIDEN NAME: DORIS MORROW
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Odell Dixon La Plata 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Terminal broncho pneumonia	4 hours.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Uremia	1 day
DUE TO (c)	Congenital ideopathic hypertrophy	3 wks
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	C decompensation	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 June 26, 1954, to June 26, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 6:30 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William C. Kelly D.O.
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 6-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify): B.
24b. DATE: 6-27, 1954
24c. NAME OF CEMETERY OR CREMATORY: Unionville Cem.
24d. LOCATION (City, town, or county) (State): Unionville Mo

DATE REC'D BY LOCAL REG.: 6-26-54
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F.D. Hustel Bon Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

*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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Merl E Husted

Signed.....
Student Embalmer

Licensed Embalmer No. 3204

P. O. Address Unionville, Mo

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.