

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40237

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	State File No.	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Poplar Bluff</u> 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 <u>Poplar Bluff Hospital</u>		STREET ADDRESS (If rural, give location) <u>1512 So. 11th Street</u> 01290			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle)		c. (Last) <u>Dixon</u>	
4. DATE OF DEATH <u>12-27-54</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-25-1877</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Burfordville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Slinkard</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Austin</u>	
14. NAME OF HUSBAND OR WIFE <u>George Dixon P.B.</u>		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. <u>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Deada Dobyns</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS <u>Memphis, Tenn.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemmerhage From stomach</u>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Peptic Uleer</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 <u>None</u>			
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5400	
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 <u>12:25</u> , 19 <u>54</u> , to <u>12-26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>54</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. H. Radtke</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>	
23c. DATE SIGNED <u>12-31-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-54</u>	
24c. NAME OF CEMETERY, OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) <u>Poplar Bluff, Mo.</u>		25. FUMERAL DIRECTOR'S SIGNATURE <u>Greer-Croy and Fitch</u>	
DATE REC'D BY LOCAL REG. <u>1/4/55</u>		REGISTRAR'S SIGNATURE <u>B. W. Minette</u>		ADDRESS <u>P.B. Mo.</u>	

RECEIVED
JAN 14 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Wallace N. Fitch* _____

Licensed Embalmer No. *385* _____

P. O. Address *Poplar Cliff* _____

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.