

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19380

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 4308		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY <b>McDONALD</b>				2. USUAL RESIDENCE (Where deceased lived. *If institution: residence before admission.) a. STATE <b>McDONALD-MISSOURI</b> b. COUNTY _____			
b. CITY OR TOWN <b>NOEL</b>		c. LENGTH OF STAY (In this place) <b>24 HRS.</b>		c. CITY OR TOWN <b>SOUTH WEST CITY</b>		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FOUNTAIN CLINIC</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>MAUDE</b>		a. (First)		b. (Middle) <b>-</b>		c. (Last) <b>DIXON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6-15-1955</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	
8. DATE OF BIRTH <b>12-15-1888</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Month <b>6</b> Days <b>8</b>		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JAME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BEATTY-ARK.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>HENRY WILSON</b>		13b. MOTHER'S MAIDEN NAME <b>LIND DUNNIGAN</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOE DIXON</b> ADDRESS <b>SOUTH WEST CITY, MO</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Memorlage Gastric</b>		ANTECEDENT CAUSES <b>Carcinoma stomach</b>				?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				_____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 <b>May 31, 1955</b> , to <b>June 15, 1955</b> , that I last saw the deceased alive on <b>June 15, 1955</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Sw. Daniel G. Bell</b> (Degree or title)				23b. ADDRESS <b>Pineville, Mo</b>		23c. DATE SIGNED <b>6/20/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SOUTH WEST CITY</b>		24d. LOCATION (City, town, or county) (State) <b>SOUTH WEST CITY - MO</b>	
DATE REC'D BY LOCAL REG. <b>6-20-55</b>		REGISTRAR'S SIGNATURE <b>Maryann Humphrey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. M. Humphrey</b> ADDRESS _____			

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

AUG 11 1954

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 J. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.