

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35532

State File No. 01

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2508</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>Y 8 2 30</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Ferdinand</u>		c. LENGTH OF STAY (in this place) <u>2 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chatama</u>		d. STREET ADDRESS (If rural, give location) <u>St. Mary of The Pines</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Leon, 11755 Riverview</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>October 27, 1955</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister M. Bevard Dixon</u>		b. (Middle)		c. (Last)		5. SEX <u>F</u>			
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 23, 1880</u>		9. AGE (In years last birthday) <u>75</u> IF OVER 1 YEAR Months <u>5</u> Days <u>4</u> IF OVER 2 HRS. Hours <u>X</u> Min. <u>X</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>James Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Norah Beeghan</u>		14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister M. Beatrice, 11755 Riverview</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Hypertension C-V disease</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sinility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>9 yrs.</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4487</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:20 P.M.</u>		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>April</u> , 19 <u>53</u> , to <u>10-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>55</u> , and that death occurred at <u>7:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John Smith</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>832 1/2 Brookway</u>		23c. DATE SIGNED <u>10-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Villa Leon</u>		24d. LOCATION (City, town, or county) (State) <u>11755 Riverview, St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-29-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funerhome Co., 7420 Michigan, Mo.</u>					

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michi

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

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