

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34854  
12

BIRTH NO. FILED NOV 13 1956 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY OR TOWN <i>Rural Anderson</i>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 mi East Edison</i>		<i>Rural 2 mi E. of Edison</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>WALLACE</i>	b. (Middle)	c. (Last) <i>DIXON</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>Oct. 31-1956</i>

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan-29-1892</i>	9. AGE (In years last birthday) <i>64</i>	1 YEAR <i>9</i>	IF UNDER 1 YEAR Days <i>2</i>	IF UNDER 12 HRS. Hour <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	12. CITIZENRY OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Wallace</i>	13b. MOTHER'S MAIDEN NAME <i>Anderson</i>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>B. G. Dixon</i>	ADDRESS <i>Edison Mo</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>5 yrs.</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<i>331x</i>

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 *10-27-56*, to *10-27-56*, that I last saw the deceased alive on *10-27-56*, and that death occurred at *11:20 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. G. Hopkins</i>	(Degree or title)	23b. ADDRESS <i>Edison Mo</i>	23c. DATE SIGNED <i>11-9-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Nov 1 56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Little Prairie</i>	24d. LOCATION (City, town, or county) (State) <i>Camden Mo</i>
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DATE REC'D BY LOCAL REG. <i>11-3-56</i>	REGISTRAR'S SIGNATURE <i>J. G. Hopkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Dixon</i>	ADDRESS <i>Camden Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4536

DATE RECEIVED NOV 5 1958  
NEW MADRID CO. HEALTH CENTER  
P. J. L.

**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 Noel C. Deuss

Licensed Embalmer No. 394

P. O. Address Courthouse

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.