

Health, Welfare
Public Service

300
7-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **310**

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinto		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Plattsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp			Length of stay in lb 1 week	d. STREET ADDRESS 208 Clay	
3. NAME OF DECEASED (Type or print) First Mary Middle Dixon Last Hawman			4. DATE OF DEATH Month Jan Day 15 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3 1893	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Plattsburg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Tolivar Dixon			14. MOTHER'S MAIDEN NAME Mattie Lainhart		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-10-9463	17. INFORMANT Mrs Ruth Shank Plattsburg Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower nephron nephrosis DUE TO (b) Post-operative shock DUE TO (c) Metastatic Carcinoma (? left ovary) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days ago 2+ months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			175X		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 3, 1956 to Jan. 15, 1957 and last saw her ^{her} him alive on Jan 15, 1957 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) P. T. Luckenbill MD			22b. ADDRESS Plattsburg, Mo.		22c. DATE SIGNED Jan 16, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 18 1957	23c. NAME OF CEMETERY OR CREMATORX Evergreen		23d. LOCATION (City, town, or county) (State) Osborn, Mo	
24. FUNERAL DIRECTOR ADDRESS D. D. Lyon Plattsburg, Mo.			25. DATE RECD. BY LOCAL REG. Jan 17, 1957		26. REGISTRAR'S SIGNATURE Locher M. Allison

FEB 1 1957

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

Phillip E. Lord

Licensed Embalmer No. 49

P. O. Address

State

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.