

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12644

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Deer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lucas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>		c. CITY OR TOWN <u>Licking</u>	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) <u>10 da</u>		e. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles E. of Licking Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart</u>			

3. NAME OF DECEASED a. (First) <u>Robert Edward</u> b. (Middle) <u>Dixon</u> c. (Last) <u>Dixon</u>		4. DATE OF DEATH (Month) <u>Apr</u> (Year) <u>1957</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 9 1894</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lucas Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>R.E. Dixon</u>	13b. MOTHER'S MAIDEN NAME <u>Caldonia Hartman</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Dixon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>www No 1</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Dixon</u>		ADDRESS <u>Licking Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of liver</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>2</u> 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) <u>1561</u> (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 April 2, 1957, to April 12, 1957, that I last saw the deceased alive on April 11, 1957, and that death occurred at 6:40 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Marston</u> (Degree or title)	23b. ADDRESS <u>Salem Missouri</u>	23c. DATE SIGNED <u>4/15/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-14-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamson Cem</u>
24d. LOCATION (City, town, or county) <u>Lucas Mo</u>	24e. (State)	
DATE REC'D BY LOCAL REG. <u>4/15/57</u>	REGISTRAR'S SIGNATURE <u>M. M. Hartman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> ADDRESS <u>Licking Mo</u>

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

538

APR 26 1957

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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 *Robert Ferguson*.....

Licensed Embalmer No. *3945*.....

P. O. Address *Lehigh*.....

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.