

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30591

STATE FILE NUMBER

FILED AUG 28 1957

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>RAYMONDVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOUSTON CLINIC</u>		Length of stay in 1b <u>1 HR.</u>	d. STREET ADDRESS (If outside, give location) <u>2 MI. E.</u>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>WESLEY</u> Last <u>DIXON</u>			4. DATE OF DEATH Month <u>AUG.</u> Day <u>21</u> Year <u>1957</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 16 1884</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>OSCAR MO</u>	
13. FATHER'S NAME <u>WESLEY DIXON</u>			14. MOTHER'S MAIDEN NAME <u>FRANCIS REED</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>490-42-1952</u>		17. INFORMANT Address <u>PALMER DIXON RAYMONDVILLE</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis, acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>15 yrs</u>
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, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>Aug 21, 1957</u> , to <u>Aug 21, 1957</u> and last saw <u>her</u> alive on <u>Aug 21, 1957</u> Death occurred at <u>11:00 A.</u> on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or title) <u>Frank A. Elders M.D.</u>			22b. ADDRESS <u>Houston Mo.</u>		22c. DATE SIGNED <u>8-24-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ALLEN</u>		23d. LOCATION (City, town, or county) (State) <u>TEXAS Co. MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>ELLIOTT FUNERAL HOME HOUSTON</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-57</u>	26. REGISTRAR'S SIGNATURE <u>Murstie Craig</u>		

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

7-0

SEP 26 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank E. Wood*

Licensed Embalmer No. *46*

P. O. Address *Houston*

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.