

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2308
STATE FILE NUMBER

FILED FEB 4 1958

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - S. Dillon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural - S. Dillon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Rural</u>		Length of stay in lb <u>15 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Rural</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>George</u> First <u>7.</u> Middle <u>DIXON</u> Last				4. DATE OF DEATH <u>JAN. 19 1958</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Do not know</u>	
9. AGE (In years last birthday) <u>68 yrs</u>		10. KIND OF BUSINESS OR INDUSTRY <u>←</u>		11. BIRTHPLACE (City and state or country) <u>DuBois, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				13. FATHER'S NAME <u>Do NOT Know</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME <u>Do NOT Know</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>210-03-0844</u>		17. INFORMANT <u>John Morris - Rolla, MO.</u> Address			
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 occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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 _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw ^{her} him <u>deal</u> <u>1-19-58</u> Death occurred at <u>7:00 Pm on the date stated above; and to the best of my knowledge, from the causes stated.</u>							
22a. SIGNATURE (Degree or title) <u>Ruth B. Powell Registrar</u>				22b. ADDRESS <u>St. James, Mo</u>		22c. DATE SIGNED <u>1-19-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-22-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Garden - Rolla, MO</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Orel E. Licklider - St. James, Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-19-58</u>		26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number 952

Date Filed 1-29-58

FEB
4 1958

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orce E. Licklider.....

Licensed Embalmer No. 36

P. O. Address St. James

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.