

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033259

STATE FILE NUMBER

FILED SEP 17 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hos. 18 yrs		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 503 Bellaire Pl. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LIDA Middle MAY Last DIXON			4. DATE OF DEATH Month Sept Day 6 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Galena, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James B. Rauch	
13b. MOTHER'S MAIDEN NAME Ida Lane		14. NAME OF HUSBAND OR WIFE Wade Dixon	
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. none	17. INFORMANT Wade Dixon, 503 Bellaire, Carthage, Mo 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) Paralysis Agitans DUE TO (b) Arteriosclerosis DUE TO (c) 350XF Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs. unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Surgical Neck RT Femur - sub			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Fell backwards in chair	
20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 8-14-58		Some osteoporosis	
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.) In home	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7-28-53 , to 9-6-58 and last saw her alive on 9-6-58 Death occurred at 3:28 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Pross J Peterson MD (Name or title)		22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 9-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 9-8-58	26. REGISTRAR'S SIGNATURE W J Clutter

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Vertical text on the left margin: All diseases in Part I must be causally related.

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 D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Carthage, Mo.

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.