Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037197
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY MONTGOMERY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEAR CREEK — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY MONTGOMERY
c. CITY OR TOWN — Inside Limits Yes ☐ No ☒
STREET ADDRESS 0700 (If outside, give location) 4 mile North of Jonesburg — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLARENCE Middle EMMETT Last DIX
4. DATE OF DEATH Month Oct Day 22 Year 1958
5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 12 1885
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Warren County Mo
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME James Dix
13b. MOTHER'S MAIDEN NAME Lucy Dyke
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Cora Mae Dix Address Jonesburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH Approx. 3yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 2040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Basal Cell Carcinoma, Right Forehead-Arteriosclerotic Heart Disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 21, 1957, to Oct. 22, 1958 and last saw her/him alive on Oct. 21, 1958
Death occurred at 12:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Thompson (Degree or title) DO 2
22b. ADDRESS New Florence Mo
22c. DATE SIGNED Oct 24-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-24-58
23c. NAME OF CEMETERY OR CREMATORY Jonesburg
23d. LOCATION (City, town, or county) Jonesburg (State) Mo

24. FUNERAL DIRECTOR C. A. Harding ADDRESS Jonesburg Mo
25. DATE RECD. BY LOCAL REG. 10-24-58
26. REGISTRAR'S SIGNATURE Laura B Calloway

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Carl A Harding

Licensed Embalmer No. 4115

P. O. Address Jonesboro

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.