

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012935

FILED APR 20 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b 039 1/2 d. STREET ADDRESS 1116 W. Atlantic Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lushen DIXON			4. DATE OF DEATH Month Day Year April 13, 1959
5. SEX Male	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 16 Sept. 1882
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Company Employee
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Dixon		13b. MOTHER'S MAIDEN NAME Nancy Simons	14. NAME OF HUSBAND OR WIFE Ollie 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. 500=05=8118	17. INFORMANT Hospital Records 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) CORONARY THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Springfield, Missouri	COUNTY STATE
21. I attended the deceased from 1957 to 4/13/59 and last saw him alive on 4-13-59 Death occurred at 5:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Olean Cunningham M.D. (Degree or title)		22b. ADDRESS Spgfd. Medical Bldg. Skpringfield, Missouri	22c. DATE SIGNED 4-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-15-59	23c. NAME OF CEMETERY OR CREMATORY LINDLEY PRAIRIE	23d. LOCATION (City, town, or county) (State) CEDAR COUNTY, Mo.
24. FUNERAL DIRECTOR J.W. KLINGNER & CO., SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 4-15-59	26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Glenn D. Williams*

Licensed Embalmer No. *4657*

P. O. Address *Springfield*

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.