

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022834

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrars No. 5978

FILED JUL 13 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Length of stay in lb 69 DAYS	d. STREET ADDRESS (If outside, give location) 4148 WESTMINSTER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle DIXON Last			4. DATE OF DEATH Month JUNE Day 21 Year 1959		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 31, 1898	9. AGE (In years at birthday) 61	IF UNDER 1 YEAR Months 4 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) HELEN, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM DIXON		13b. MOTHER'S MAIDEN NAME NANNY BROWN		14. NAME OF HUSBAND OR WIFE MAUDE DIXON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 488-10-8402		17. INFORMANT Maude Dixon Address ST. LOUIS, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS			INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
DUE TO (b) EPIDERMOID CARCINOMA OF LARYNX			
DUE TO (c) 161XA			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE, ARRESTED PULMONARY TUBERCULOSIS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 8:45 Month, Day, Year 6-21-59 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO.	COUNTY	STATE
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21. attended the deceased from **4-13-59** to **6-21-59** and last saw ^{xx}him alive on **6-21-59**
Death occurred at **8:45 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.A.H. BISCAN	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6/22/59
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23a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL	23b. DATE 6/25/59	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
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24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME	ADDRESS 3100 EASTON AVE.	25. DATE RECD. BY LOCAL REG. JUN 24 59	26. REGISTAR'S SIGNATURE Loaid Smith. M. Dg S.P.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *3100 Eastern*

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.