

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023874

STATE FILE NUMBER

FILED JUL 1 1959 Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 45

300
-57

1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DOUGLAS COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOUSTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN DOUGLAS COUNTY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TEXAS CO. Hosp			Length of stay in lb 10 min.		d. STREET ADDRESS (If outside, give location) RT. 1, CABOOL		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First J. Middle C. Last DIXON				4. DATE OF DEATH Month 6 - Day 16 - Year 1959					
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-4-1928		9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months Days Hours Min.	
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) DOUGLAS CO., MO.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME MACK C. DIXON			13b. MOTHER'S MAIDEN NAME MABLE GARLAND			14. NAME OF HUSBAND OR WIFE ERMA L. DIXON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII - BOREAN			16. SOCIAL SECURITY NO. 498-28-4381		17. INFORMANT Address ERMA L. DIXON, CABOOL, 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) Skull Fracture							INTERVAL BETWEEN ONSET AND DEATH 4.5 min.		
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"/>		
20a. ACCIDENT <input checked="" 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.) TRUCK LEFT ROAD, OVERTURNING.						
20c. TIME OF INJURY Hour 5:30 Month 6 Day 16 Year 59 p.m.			20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) JUNCT. M & 60 HWAY			20f. CITY, TOWN, OR LOCATION 1 MI. W. CABOOL, TEXAS, MO.			COUNTY STATE DOUGLAS MO.			
21. I attended the deceased from on 6/16/59 to 6/16/59 and last saw ^{her} him alive on 6/16/59 Death occurred at 6:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Ernest Long (Degree or title)				22b. ADDRESS Cabool Mo			22c. DATE SIGNED 6/20/59 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-16-59		23c. NAME OF CEMETERY OR CREMATORY CABOOL CEM.		23d. LOCATION (City, town, or county) CABOOL, MO.			
24. FUNERAL DIRECTOR Elliot Neaty, Cabool, MO.			25. DATE RECD. BY LOCAL REG. 6-24-59		26. REGISTRAR'S SIGNATURE Murtie Craig				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 1 1959

JUN 1 1960

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 James L. Kentry Licensed Embalmer No. 4718 P. O. Address Cabool, 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.