

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029543

FILED VS AUG 25 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 396

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JASPER		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GALENA TWP.		c. CITY OR TOWN JOPLIN		d. STREET ADDRESS (If outside, give location) TRFD # 3	
Length of stay in lb 22 YR.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RALPH Middle A. Last DIXON				4. DATE OF DEATH Month AUG Day 18 Year 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 8/8/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR 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 CONSTRUCTION		11. BIRTHPLACE (City and state or country) APPLETON CITY, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME SETH E. DIXON			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE TORIA B. 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.		17. INFORMANT Address MRS. TORIA DIXON, JOPLIN, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CRUSH INJURY CHEST AND ARM.							
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) WAS WORKING ON TRUCK BED - SLIPPED OFF					
20c. TIME OF INJURY Hour APPROX 8-11 P.M. Month, Day, Year 8-18-59	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.) HOME		20f. CITY, TOWN, OR LOCATION GALENA TOWNSHIP		COUNTY JASPER		STATE MO.	
21. I attended the deceased from DID NOT ATTEND and last saw her/him alive on _____							
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wesley H. ... (Degree or title) Comm. Jasper County				22b. ADDRESS Med. Art Bldg. Joplin		22c. DATE SIGNED 8/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-21-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEM PARK		23d. LOCATION (City, town, or county) JOPLIN		(State) MO	
24. FUNERAL DIRECTOR Harriet Geneva Joplin ADDRESS			25. DATE RECD. BY LOCAL REG. 8-19-1959		26. REGISTRAR'S SIGNATURE Dovec Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6561 5 100
OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

10-13-59

SEP 4 1959