

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007603

FILED VS MAR 3 1960 278

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 30

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 50 DAYS	c. CITY OR TOWN PAYNESVILLE
c. FULL NAME OF (IF NOT in hospital, give location) PIKE CO HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EUGENE Middle DIXON Last DIXON			4. DATE OF DEATH Month FEB Day 20 Year 60		
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 1 1928	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days 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 AGRICULTURE	11. BIRTHPLACE (City and state or country) LINCOLN CO MO	12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME UN KNOWN		13b. MOTHER'S MAIDEN NAME UN KNOWN		14. NAME OF HUSBAND OR WIFE IDA DIXON (DECEASED)	

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. 494-07-8049	17. INFORMANT CORAE E HAMMUCK	Address PAYNESVILLE MO
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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) C. V. A.		3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic hypertensive cardio-vascular disease	10 yrs
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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.) -----
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		COUNTY STATE

21. I attended the deceased from **12/27/59** to **2/20/60** and last saw ^{her}him alive on **2/20/60**
Death occurred at **11:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Chas. H. Luellen M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 2/23/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE FEB 24 60	23c. NAME OF CEMETERY OR CREMATORY RAMSEY CREEK	23d. LOCATION (City, town, or county) (State) PIKE CO MO
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24. FUNERAL DIRECTOR CARROLL COLLIER	ADDRESS PEARSONVILLE MO	25. DATE RECD. BY LOCAL REG. FEB 24, 1960	26. REGISTRAR'S SIGNATURE Bernice Collier
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Geo. M. Collier

Licensed Embalmer No. 383
P. O. Address Louisiana

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