URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

-60-029795
STATE FILE NUMBER

ENDED

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Caldwell
c. CITY OR TOWN Polo
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) —
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Joseph Middle S. Last Dixon
4. DATE OF DEATH Month Aug. Day 8 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Oct 1-1889
9. AGE (last birthday) 70
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Meat market
11. BIRTHPLACE (City and state or country) Caldwell Co Mo.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Geo. H. Dixon
13b. MOTHER'S MAIDEN NAME Alma Leamer
14. NAME OF HUSBAND OR WIFE Marguerite Dixon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1st World war.
16. SOCIAL SECURITY NO. 488-22-8226
17. INFORMANT Donald J. Dixon Address Polo Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the Bladder
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ with Metastases.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 18 months
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1955, to Aug. 6, 1960 and last saw ~~him~~ him alive on Aug. 7, 1960
Death occurred at 12 40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Goedberg M.D.
22b. ADDRESS Braymer, Mo.
22c. DATE SIGNED 8/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-9-1960
23c. NAME OF CEMETERY OR CREMATORY Prairie Ridge.
23d. LOCATION (City, town, or county) (State) 5 mi. west of Polo Mo

24. FUNERAL DIRECTOR Alspaugh & Cowley Polo Mo ADDRESS
25. DATE RECD. BY LOCAL REG. Aug 15-1960
26. REGISTRAR'S SIGNATURE Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 24 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Erwin L. Howlett

Licensed Embalmer No. 4924

P. O. Address Polo, Mo

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