

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-045310

FILED VS JAN 3 1961

Registration District No. 46 Primary Registration District No. 5150 Registrar's No. 69

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hamilton Twp.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Hamilton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <b>Othel</b> Middle <b>Lewis</b> Last <b>Dixon</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>27</b> Year <b>1960</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday) <b>56</b>	
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Daviess Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Ira Dixon</b>			13b. MOTHER'S MAIDEN NAME <b>Annie E. Brown</b>			14. NAME OF HUSBAND OR WIFE <b>Erma Dixon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>708-16-3435</b>		17. INFORMANT <b>Erma Dixon</b>		Address <b>Hamilton, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hour</b>	
DUE TO (b) <b>Arteriosclerotic Cardio-vascular disease</b>								1 year	
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>								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 checked="" 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 a.m. p.m.		Month, Day, Year							
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 <b>Hamilton</b>		COUNTY <b>Caldwell</b>		STATE <b>Mo.</b>	
21. I attended the deceased from <b>29 Oct. 1960</b> to <b>12-24-60</b> and last saw him alive on <b>Dec. 24, 1960</b>				Death occurred at <b>8:10</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. R. Daley M.D.</b>				(Degree or title)		22b. ADDRESS <b>Hamilton, Missouri</b>		22c. DATE SIGNED <b>12-28-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/29/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jamesport, Missouri</b>			
24. FUNERAL DIRECTOR <b>Morris A. Bram</b>				ADDRESS <b>Hamilton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-30-60</b>		26. REGISTRAR'S SIGNATURE <b>Gladys Jones</b>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

JAN 20 1961

JUL 7 1961

**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 Morris A. B...

Licensed Embalmer No. 3918

P. O. Address Hamilton

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.