

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0028227

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 199

FILED JUL 18 1966

VS 300
Rev. 4/59

1 0425

2 0080

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4 0

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9 155.0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN WARSAW	
c. FULL NAME OF (If NOT in hospital, give location) wetzel Hosp		d. STREET ADDRESS Rt I	
3. NAME OF DECEASED (Type or print) TRAVIS CLAUDE DIXON		4. DATE OF DEATH July 10 1966	
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 Nov 1, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Bus Driver		11. BIRTHPLACE (City and state or country) KNOX, MO	
13a. FATHER'S NAME Brownlow Dixon		14. NAME OF HUSBAND OR WIFE Beulah 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. 487-40-7415	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Proliferative Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. primary Hepatoma of the liver. DUE TO (b) 2 years DUE TO (c) of the liver.		17. INFORMANT Beulah Dixon Address Warsaw, MO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatic Failure		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 checked="" 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 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 COUNTY STATE	
21. I attended the deceased from 4/15/66 to 7/10/66 and last saw her/him alive on 7/10/66 Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE James P. Clouse DO (Degree or title)	
22b. ADDRESS 105 E. Ohio Clinton, MO 711		22c. DATE SIGNED 7/11/66	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE July 12, 1966	23c. NAME OF CEMETERY OR CREMATORY Shaddy Grove Cemetery	23d. LOCATION (City, town, or county) (State) Racket Benton Co. MO
24. FUNERAL DIRECTOR John F Reser	25. DATE RECD. BY LOCAL REG. July 12-1966	26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

Permit Obtained 7-12-66 MB