

BIRTH NO. 6 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 6

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|---|------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Wright</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSFIELD</u> | | c. LENGTH OF STAY (in this place) <u>7 YEARS</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u> <u>1140</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JONATHAN</u> b. (Middle) <u>AMI</u> c. (Last) <u>DIXON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 51</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u> | 8. DATE OF BIRTH <u>SEPT 22, 1878</u> | 9. AGE (in years) Last birthday <u>72</u> Months <u>8</u> Days <u>3</u> | IF UNDER 1 YEAR IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>IND.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>ANTHONY DIXON</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY JANE SHIELDS</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>PHOEBE JANE DIXON</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Phoebe Jane Dixon</u> | | 18. ADDRESS | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>moist Gangrene Right foot</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic mellitus</u> DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>260 X</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>May 16</u> , 19 <u>51</u> , to <u>May 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>51</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W. A. Kummeman</u> | | 23b. ADDRESS <u>W. O. Mansfield mo</u> | | 23c. DATE SIGNED <u>5/29/51</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5-29-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPP CEM</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>HARTVILLE RURAL MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E Holden</u> | | | |
| DATE RECD BY LOCAL REG. <u>5/29/51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | ADDRESS | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1140
#2

WRIGHT CO. HEALTH DEPT.
County File Number 651-61
Date Filed 6-2-51

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 _____
Student Embalmer

Signed Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, Mo

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 this body is not embalmed, fact should be so stated above.