

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25713

State File No.

FILED JUL 27 1951

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2659	
1. PLACE OF DEATH <i>Nazareth Convent</i> a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give town) <i>Lemay</i>		c. LENGTH OF STAY (in this place) <i>15 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Lemay 4070</i>		d. STREET ADDRESS (If rural, give location) <i>Route 11, Box 390</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Nazareth Convent Lemay, Mo.</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sister Mary</i>		b. (Middle) <i>Albertina</i>		c. (Last) <i>Dixon</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 13 51</i>	
5. SEX <i>W</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>July 6, 1873</i>	
9. AGE (In years last birthday) <i>78</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>7</i>		IF UNDER 1 HRS. Hours <i>0</i> Min. <i>0</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teaching</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SCHOOL</i>		11. BIRTHPLACE (State or foreign country) <i>Bloomington, Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Daniel B. Dixon</i>			13b. MOTHER'S MAIDEN NAME <i>Katherine Collins</i>			13c. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Sister Alice Jeanette Lemay, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterio-sclerotic Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>				<i>3 yrs</i>	
		DUE TO (c) <i>4200</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Primary Anemia</i>				<i>5 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>June 19 50</i> , to <i>July 13, 1951</i> , that I last saw the deceased alive on <i>July 12, 1951</i> , and that death occurred at <i>9 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>George A. O'Sullivan, M.D.</i>				23b. ADDRESS <i>421 W. Schermer</i>		23c. DATE SIGNED <i>7-13-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>July 16, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Nazareth</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>7-14-51</i>		REGISTRAR'S SIGNATURE <i>Herbert P. Dombi</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. NOFFMEISTER</i>		ADDRESS <i>2200 78th St. Broadway</i>	

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

Dr. G.A. O'Sullivan

101007

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.