S. No. 300
v. 10-48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32314

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 21

1050

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

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green City
c. LENGTH OF STAY (in this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Green City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green City 1050
d. STREET ADDRESS (If rural, give location) No street address

3. NAME OF DECEASED (Type or Print)
a. (First) Isaac
b. (Middle) Hartwell
c. (Last) Dixon

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 16, 1868
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months --- Days --- IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Dixon
13b. MOTHER'S MAIDEN NAME Permelia Bradshaw
14. NAME OF HUSBAND OR WIFE Lillian Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esper V. Dixon, Green City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic enlargement & cystitis — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 4, 1947, *to* August 19, 1951, *that I last saw the deceased alive on* August 19, 1951, *and that death occurred at* 3 o'p. *m., from the causes and on the date stated above.*

23a. SIGNATURE R. D. Smith (Degree or title) D.O.
23b. ADDRESS Green City, Mo
23c. DATE SIGNED Sept 28, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 30, 1951
24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
24d. LOCATION (City, town, or county) (State) Green City, Mo.

DATE REC'D BY LOCAL REG. Sept. 30, 1951
REGISTRAR'S SIGNATURE Laura M. Catlett Oby 415
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo

(Licensed Embalmer's Statement on Reverse Side)
Annabelle D. Casper, deputy

Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1772
Date Filed: OCT 8 1951

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 Karl R. Kent
Licensed Embalmer No. 4689
P. O. Address Green City, 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.