

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26878

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6146</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby County</u> <u>1020</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> <u>1020</u>			
b. CITY (If outside corporate limits, write name of township) OR TOWN <u>Leonard, Mo. Rural</u>		c. LENGTH OF STAY (In this place) <u>13 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leonard, Mo. Rural</u> <u>Taylor twp</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles S. W. clay twp -</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-1952</u>			
3. NAME OF DECEASED (Type or Print) <u>IRA</u>		a. (First)		b. (Middle) <u>IRVIN</u>		c. (Last) <u>DIXON</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-15-1895</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Hanston, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles M. Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Barbee</u>		14. NAME OF HUSBAND OR WIFE <u>Glendora Dixon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ira Dixon, Leonard, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Strangled by the Neck</u> ANTECEDENT CAUSES <u>Due to (b) Smith Rope</u> DUE TO (a) stating the underlying cause last. DUE TO (c) <u>E 974 X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Request deemed unnecessary</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Taylor Shelby Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence Moore</u> (Degree or title) <u>Cornet</u>				23b. ADDRESS <u>Bethel Mo</u>		23c. DATE SIGNED <u>7/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cherry Box Cemty.</u>		24d. LOCATION (City, town, or county) (State) <u>Cherry Box, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkeley-Hawkins, Shelbina, Mo.</u>			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. H. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Salina 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.