

FILED DEC 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42626**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	c. LENGTH OF STAY (in this place) <u>4 days.</u>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Jamesport</u> <u>310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Culleas Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Dwight</u> c. (Last) <u>Dix</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>JAN 27 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School boy</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess County Mo</u>
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William A. Dix</u>	
13b. MOTHER'S MAIDEN NAME <u>WINEVA McALLEY</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William A Dix</u> ADDRESS <u>Route 1 Jamesport 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u> 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. <u>Unconsciously and spastic paralysis following auto accident</u>	
19a. DATE OF OPERATION <u>8/28/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cranotomy failed to reveal hematoma or bleeding.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>	
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) <u>D. 4 C</u> (STATE)	
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 <u>Nov 29</u> , 1953, that I last saw the deceased alive on <u>Nov 29</u> , 1953, and that death occurred at <u>12:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. L. Clark, M.D.</u>		23b. ADDRESS <u>Trenton, Mo.</u>	23c. DATE SIGNED <u>11/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 1 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edinburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-1-53</u>	REGISTRAR'S SIGNATURE <u>Irvene Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u> ADDRESS <u>Trenton, Mo.</u>	

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

DY. CLARK.

(Licensed Embalmer's Statement on Reverse Side)

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 Harold L. Roberts

Licensed Embalmer No. 4920

P. O. Address Greentown, 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.