

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42704

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. LENGTH OF STAY (in this place) <u>90 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u> <u>0460</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			d. STREET ADDRESS (If rural, give location) <u>RT 1</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ARTIE</u>	b. (Middle) <u>MALISSA</u>	c. (Last) <u>DIXON</u>	(Month) <u>11</u>	(Day) <u>2</u>	(Year) <u>53</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>10-27-1863</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Day <u>5</u>	Hour <u></u>	Min. <u></u>
-----------------	---------------------------	---	------------------------------------	---	---------------------------------	-------------------------------	--------------	--------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>JEFFERSON Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>W. H. WILKERSON</u>	13b. MOTHER'S MAIDEN NAME <u>?</u>	14. NAME OF HUSBAND OR WIFE <u>H. F. DIXON</u>
---	------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates, please)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Ivo Clifton</u>	ADDRESS <u>WEST PLAINS 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</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>arteriosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</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 10/25, 1953, to 11/2, 1953, that I last saw the deceased alive on 10/31, 1953, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Callahan</u> (Degree or title)	23b. ADDRESS <u>WEST PLAINS, MISSOURI</u>	23c. DATE SIGNED <u>11/17/53</u>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>11-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>	24d. LOCATION (City, town, or county) (State) <u>BRANDSVILLE Mo</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-15-53</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>WEST PLAINS, Mo</u>
--	--	---	--------------------------------

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

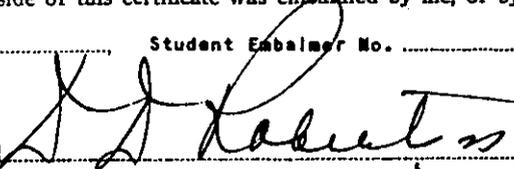
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3430

P. O. Address. West Plains, 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.