

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4121**
Registrar's No. **146**

XC-1687 90 97
RN-5906
BIRTH NO. **FILED FEB 19 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff c. LENGTH OF STAY (in this place) 1 Day d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren d. STREET ADDRESS (If rural, give location) 0180 /	
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3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E. c. (Last) DIXON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		
8. DATE OF BIRTH Oct. 27, 1887			9. AGE (In years last birthday) 66	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) Unknown			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Murphysboro, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Does not apply	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 520-01-4980		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of liver with severe jaundice DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				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 Feb. 3, 1954, to Feb. 4, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE HARRY J. PRICE, M.D., Chief, Medical Service		23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 2-8-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-11-54		24c. NAME OF CEMETERY OR CREMATORY Graveside		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 2/11/54		REGISTRAR'S SIGNATURE 489		25. FUNERAL DIRECTOR'S SIGNATURE Full Poplar Bluff, Mo.			

RECEIVED

FEB 15 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Wallace N. Felt

Licensed Embalmer No. *3851*

P. O. Address

Payle - Payle

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.