

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19517**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give town) NEOSHO		c. LENGTH OF STAY (In this place) 6 mos	c. CITY OR TOWN NEOSHO
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 N. COLLEGE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E c. (Last) DIXON		4. DATE OF DEATH (Month) (Day) (Year) JUN 11 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 23, 1864
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COBBLER	11. BIRTHPLACE (City and State or Foreign Country) KICKAPOO, KAN.
10b. KIND OF BUSINESS OR INDUSTRY SHOE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. T. DIXON		13b. MOTHER'S MAIDEN NAME HARRIET M. WILKES	
14. NAME OF HUSBAND OR WIFE Addie E. (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME W. E. DIXON	
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) Aortic Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4211 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelonephritis	
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) _____	
21b. PLACE OF INJURY (e.g., in apartment 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 5-7, 1955 , to 6-11, 1955 , that I last saw the deceased alive on 6-11, 1955 , and that death occurred at 4:20 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Melvin M. Cullough		23b. ADDRESS 21 N. W. Bk. Albany, Neosho, Mo.	
23c. DATE SIGNED 6-21-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JUN 14, 1955		24c. NAME OF CEMETERY OR CREMATORY OZARK MEM PARK	
24d. LOCATION (City, town, or county) (State) JOPLIN Mo		25. FUNERAL DIRECTOR'S SIGNATURE Dale Glover	
25. DATE REC'D BY LOCAL REG. 6-28-55		26. REGISTRAR'S SIGNATURE 223-0	
27. ADDRESS Joplin		28. ADDRESS Joplin	

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

RECEIVED

District Embalmer No. _____
District _____
Date Filed JUL 1 1955

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed Paul Green

Licensed Embalmer No. 457

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.