

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13854

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give town) Lexington		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Lexington		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital				STREET ADDRESS (If rural, give location) 1302 Amelia Ave.			
3. NAME OF DECEASED a. (First) JAMES		b. (Middle) EVERETT		c. (Last) DIXON		4. DATE OF DEATH (Month) (Day) (Year) April 1 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 29, 1878	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 3 Days 5		IF UNDER 24 HRS. Hours 5 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer				10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (City and State or Foreign Country) Ft. Ritner, Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Wylie T. Dixon		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Hattie Speer Dixon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-28-4509		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sam Bell ADDRESS Lexington, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 year	
		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. Chronic glomerulonephritis				2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (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>4/1/56</u> , 19____, that I last saw the deceased alive on <u>4/1/56</u> , 19____, and that death occurred at <u>2:15p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Bern H. Brasher M.D.				23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 4/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3, '56		24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery		24d. LOCATION (City, town, or county) (State) Lexington, Missouri	
DATE REC'D BY LOCAL REG. 4-10-56		REGISTRAR'S SIGNATURE Wm. E. ...		FUNERAL DIRECTOR'S SIGNATURE James H. ...		ADDRESS Personnel	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

560

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.....
Geo. M. Leam

Licensed Embalmer No. *79*

P. O. Address..... *Lehigh*

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.