

STANDARD CERTIFICATE OF DEATH

35538
STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 194

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Grandy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DAVIESS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 8310 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callers Hosp		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WINEVA FRANCIS DIX			4. DATE OF DEATH Month Day Year Oct. 29 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1905
9. AGE (In years last birthday) 52		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) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Grandy Co. Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Charles McCalley	13b. MOTHER'S MAIDEN NAME Bertha Cowhick
14. NAME OF HUSBAND OR WIFE Bill Dix		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO.
17. INFORMANT Bill Dix		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphoacarcinoma generalis			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2001			
20a: ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-27, 1949 , to 10-29-57 and last saw her alive on 10-28-57 Death occurred at 1:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. L. Clark		(Degree or title) M.D.	22b. ADDRESS Trenton, Mo.
22c. DATE SIGNED 10-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/1/57	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F Cemetery	23d. LOCATION (City, town, or county) (State) Edinburg MO.
24. FUNERAL DIRECTOR J. Gordon Blackmore		ADDRESS Trenton, Mo.	25. DATE RECD. BY LOCAL REG. 10-31-57
26. REGISTRAR'S SIGNATURE Irene Fair			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(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
Signature of Student Embalmer

Signed *Gerald Roberts*

Licensed Embalmer No. *4820*

P. O. Address *Juntura, 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.