Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013096
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fairfax — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Community Hosp. — Length of stay in 1b: 6 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Atchison
c. CITY OR TOWN: Fairfax 0030 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First THOMAS Middle HERMAN Last DIXON

4. DATE OF DEATH: Month April Day 23 Year 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ 1 DIVORCED ☐
8. DATE OF BIRTH: Sept. 19, 1886
9. AGE (In years last birthday): 71
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): Retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Gen. carpentry
11. BIRTHPLACE (City and state or country): Atchison Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Henry Dixon
14. MOTHER'S MAIDEN NAME: Sarah Jane Fox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 496-01-6756
17. INFORMANT: Cleve Dixon Address: Fairfax Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Genl arteriosclerosis — 10 yrs
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? 0 YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov, 1956, to April, 1958 and last saw ~~her~~ him alive on 23 April 58
Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James R. Allen M. D (Degree or title) 0
22b. ADDRESS: Rock Port, Mo.
22c. DATE SIGNED: 4-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/25/58
23c. NAME OF CEMETERY OR CREMATORY: English Grove
23d. LOCATION (City, town, or county) (State): Fairfax Missouri

24. FUNERAL DIRECTOR: Schooler Funeral Home ADDRESS: Fairfax Mo
25. DATE REC'D BY LOCAL REG.: April 24, 1958
26. REGISTRAR'S SIGNATURE: Thurvin N. Schooler

(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin N. Schaa

Licensed Embalmer No. 41

P. O. Address Fairfa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(.....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.