

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004688

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 8

300

-57

Alvin P. Reith, D.O. Hamilton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Palo</u>		c. CITY OR TOWN <u>Palo 0130</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>←</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lillie Maude Dixon</u>		4. DATE OF DEATH Month Day Year <u>2 16 - 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 24 - 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ray Co. Mo</u>
13a. FATHER'S NAME <u>Oscar Hyden</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Sam Dixon</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>←</u>	17. INFORMANT Address <u>Helen Seagarden Palo Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) <u>senility</u>			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Jan 56</u> to <u>2-16-59</u> and last saw her alive on <u>2/16/59</u> Death occurred at <u>9 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alvin P. Reith, D.O.</u> (Degree or title)		22b. ADDRESS <u>Hamilton Mo</u>	22c. DATE SIGNED <u>2/19/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-18-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman</u>	23d. LOCATION (City, town, or county) (State) <u>Palo Mo</u>
24. FUNERAL DIRECTOR <u>Alsbaugh + Cowley</u> ADDRESS <u>Palo Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>

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. 564 working under my personal supervision.

Student John W. Pitts
Signature of Student Embalmer

Signed Ewin L. Nowicki

Licensed Embalmer No. 4924
P. O. Address Polo, Missou

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.