

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022833

FILED JUL 3 1959

Registration District No.

Primary Registration District No.

Registration No.

STATE FILE NUMBER

2 5477

300

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo			b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN Wellston 4311			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital			Length of stay in lb 35yrs			d. STREET ADDRESS (If outside, give location) 6144 Gambleton Pl.			
3. NAME OF DECEASED (Type or print) First Middle Last EVERETT NMI DIXON						4. DATE OF DEATH Month Day Year June 7, 1959			
5. SEX M o W		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 22, 1903		9. AGE (In years last birthday) 55yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec.			11. BIRTHPLACE (City and state or country) Reynolds County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stephen Jacob Dixon			13b. MOTHER'S MAIDEN NAME Pearl Brooks			14. NAME OF HUSBAND OR WIFE Virginia A. Dixon			
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. 494-03-6770		17. INFORMANT Mr. Paul Dixon 1735 Saddlespur Ln.			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) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>422.1</u>								INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>3 yrs +</u>	
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.) <u>422.1</u>						
20c. TIME OF INJURY Hour 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>12/13/58</u> to <u>6/6/59</u> and last saw her alive on <u>6/6/59</u> Death occurred at <u>2:30</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Bert N. Klein M.D.</u> (Degree or title)					22b. ADDRESS 2632 S. Kingshighway Blvd.		22c. DATE SIGNED 6/8/1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 9, 1959		23c. NAME OF CEMETERY OR CREMATORY Polks Cemetery		23d. LOCATION (City, town, or county) Corridon, Mo.		(State)	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar			ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 8 '59		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> m8 B		

Dr. Bert Klein  
2632 S. Kingshighway  
Pr 2 7475

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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 *Joe E McCallor*

Licensed Embalmer No. *2960*

P. O. Address *6175 Delmar*

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.