MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010104

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 35

FILED MAR 22 1961

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Length of stay in 1b 3 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Bowling Green — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 219 S. Court — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mildred Middle Dixon Last Emerson

4. DATE OF DEATH Month March Day 8, Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-9-02
9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months 5 Days 29 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Welfare Director
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bowling Green, Mo
12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME George Dixon
13b. MOTHER'S MAIDEN NAME Annie Peay
14. NAME OF HUSBAND OR WIFE Druey Emerson

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.
17. INFORMANT Address Ray Dowell, Bowling Green, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) El Spine
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? 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 3-10-52, to 3-8-61 and last saw her/him alive on 3-6-61
Death occurred at 5:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Louis J Artem MD
22b. ADDRESS 3720 Washington St Louis Mo.
22c. DATE SIGNED 3-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-12-61
23c. NAME OF CEMETERY OR CREMATORY Bowling Green Cem.
23d. LOCATION (City, town, or county) (State) Bowling Green, Mo.

24. FUNERAL DIRECTOR J. O. Mudd ADDRESS Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG. 3-15-61
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

APR 11 1961

APR 4 1961

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 James C. Weld

Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.