

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033369

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 29

FILED OCT 16 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JEFFERSON		a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS CENTRAL		c. CITY OR TOWN FESTUS RT. #3	
Length of stay in 16- c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. #3, VICTORIA RD.		d. STREET ADDRESS (If outside, give location) VICTORIA RD.	
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS SPERRY DIXON		4. DATE OF DEATH Month Day Year SEPT. 8 1961	
5. SEX MALE	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 11/25/09 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER		10b. KIND OF BUSINESS OR INDUSTRY PRIVATE FAMILY BALIR NEBRASKA U.S.A.	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME UNK.		13b. MOTHER'S MAIDEN NAME UNK.	
14. NAME OF HUSBAND OR WIFE BESSIE DIXON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR 2	
16. SOCIAL SECURITY NO. YES		17. INFORMANT Address BESSIE DIXON FESTUS Mo. RT. #3	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Asphyxiation -			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Carbon Monoxide - Auto Exhaust Forced	
20c. TIME OF INJURY Hour a.m. 4:00 Month, Day, Year 9-8-61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Central twsp. Jeff. Mo.	COUNTY	STATE
21. I attended the deceased from Coroner's View and last saw her/him alive on _____ Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James R. Palmer M.D. Coroner		22b. ADDRESS Festus Mo.	22c. DATE SIGNED 9-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 11 1961	23c. NAME OF CEMETERY OR CREMATORY HAVERSTICK CEM.	23d. LOCATION (City, town, or county) (State) FESTUS Mo. RT. #3 Mo.
24. FUNERAL DIRECTOR ADDRESS DIETRICH F. HOME, DESOTO Mo.		25. DATE RECD. BY LOCAL REG. 9-11-61	26. REGISTRAR'S SIGNATURE Carolee Price Wad

1961 OCT 16 SA

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 Donald B. Baret

Licensed Embalmer No. 4104

P. O. Address Defato 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.