

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-040297

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 47

FILED NOV 20 1961

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>Kingston</u>		Length of stay in 1b	c. CITY OR TOWN <u>Polo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Berry Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel A. Dixon</u>		4. DATE OF DEATH Month Day Year <u>Nov. 10 1961</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Caldwell Co.</u>		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME <u>Jobe Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Dixon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Forrest Dixon</u> Address <u>Hamilton Mo</u>

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) <u>Coronary Occlusion</u>		<u>5 MIN.</u>
DUE TO (b) <u>Arteriosclerotic C.V. Disease</u>		<u>15 years</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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <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 <u>Kingston</u> COUNTY <u>Caldwell</u> STATE <u>Mo.</u>
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21. I attended the deceased from 1949 to 11-10-61 and last saw him alive on 11-6-61
Death occurred at 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Frank R. Daley MD</u>	22b. ADDRESS <u>Hamilton, Mo.</u>	22c. DATE SIGNED <u>11-11-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Prairie Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Rockford Sup Caldwell Co. Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Alsbaugh + Cowley Polo Mo</u>	25. DATE REC'D. BY LOCAL REG. <u>11-16-61</u>	26. REGISTRAR'S SIGNATURE <u>Shady's Jones</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Bruce L. Howells

Licensed Embalmer No. 4924

P. O. Address Polk, 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.