MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029964

Registration District No. 27 Primary Registration District No. 5097 Registrar's No. 167 STATE FILE NUMBER 62-029964

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1	0070			
2	0220			
3				
4	1			
5	2			
6				
7	0			
8	0			
9	199.2			
10				
11				
12	90-2			
13	1-0			

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shawnee Twp. — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First Theodoshia Middle Ernest Last Dixon

4. DATE OF DEATH: Month Aug. Day 23 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-10-73
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months 3 Days 13 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Hwfe
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Christian Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Haguewood
13b. MOTHER'S MAIDEN NAME: Mary Tuttle
14. NAME OF HUSBAND OR WIFE: Henry Dixon

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.: Unknown
17. INFORMANT: Mrs. Roy Love, Address: Adrian, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inanition + Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 9 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis, site unknown — 1 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile cerebral sclerosis
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 1961 May to death and last saw her/him alive on 8-12-62.
Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. R. Wetzel, DO (Degree or title)
22b. ADDRESS: Clinton, Mo.
22c. DATE SIGNED: 8-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-23-62
23c. NAME OF CEMETERY OR CREMATORY: Richwood Cemetery
23d. LOCATION (City, town, or county) (State): Ozark, Mo.

24. FUNERAL DIRECTOR ADDRESS: Chaffin Funeral Home, Ozark, Mo.
25. DATE RECD. BY LOCAL REG.: 8-23-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilms

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1962

SEP 5 1962

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.