

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038892

STATE FILE NUMBER

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 766

DO NOT WRITE ON THIS STUB

AMENDED

Filed NOV 12 1963

VS 300	DATE AMENDED
Rev. 4/59	
1 0109	
2 0785	
3	
4 2	
5 1	
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7 1	
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9 16/1x	
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12 3-0	
13 30	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 43 days	c. CITY OR TOWN Caruthersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 402 East 11th. St.
3. NAME OF DECEASED (Type or print) First Worthy Middle Benton Last Dixon		4. DATE OF DEATH Month November Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-02
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Cafe Owner	11. BIRTHPLACE (City and state or country) Jackson, Mississippi
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Daniel Dixon	
13b. MOTHER'S MAIDEN NAME Lizzie Smith		14. NAME OF HUSBAND OR WIFE Sophia Dixon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Hospital Records- Columbia, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Cancer of the larynx Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer of the larynx DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 days 4 months
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 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 9:15 Month 9 Day 25 Year 63 a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from 9-25-63 to 11-7-63 and last saw him alive on 11-7-63 Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raul Inernal J. M. D.		22b. ADDRESS Columbia Mo.	
22c. DATE SIGNED 11-7-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-7-63	
23c. NAME OF CEMETERY OR CREMATORY Caruthersville Mo		23d. LOCATION (City, town, or county) (State) Caruthersville Mo	
24. FUNERAL DIRECTOR ADDRESS Centers Funeral Home		25. DATE RECD. BY LOCAL REG. Nov 7, 1963	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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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 A. Cortes

Licensed Embalmer No. 4681

P. O. Address B. Villalobos

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.