No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 6 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1824
Registrar's No. 3
Primary Registration District No. 3046

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau
(c) City or town Tipton, Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. Tipton, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Pamala Sue Thixton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 19 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 19 hr. ..... min.

9. Birthplace California, Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name George Thixton
13. Birthplace Moniteau Co Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Weston
15. Birthplace Centertown, Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant George Thixton
(b) Address Tipton, Mo
17. (a) Burial (b) Date thereof Jan. 21. 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemt.
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 1-20-48 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1948 hour 9 minute P M.
21. I hereby certify that I attended the deceased from Jan 19, 1948, to Jan 19, 1948
that I last saw her alive on Jan 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent interventricular septum	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 1-14-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/5/66

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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 this body is not embalmed, fact should be so stated above.