

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 754

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>3374</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> b. CITY OR TOWN <u>Osborne</u> RURAL c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Osborne</u> RURAL d. STREET ADDRESS (If rural, give location) <u>4 Mile North Of Osborne</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W</u> c. (Last) <u>Mix</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> , <u>1</u> - <u>49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-22-1884</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>0</u>		11. DAYS <u>9</u>		12. IF UNDER 14 HRS. Hours <u>9</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Thomas Mix</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie Mix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lettie Mix</u> ADDRESS <u>Osborne Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Chronic Endocarditis</u> DUE TO (b) <u>not</u> DUE TO (c) <u>not</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>not</u>			
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>42</u> , to <u>Jan 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>49</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Harold Fowler D.O.</u>				23b. ADDRESS <u>Mayville, Mo</u>		23c. DATE SIGNED <u>1-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne</u>		24d. LOCATION (City, town, or county) (State) <u>Osborne Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-49</u>		REGISTRAR'S SIGNATURE <u>Roger Davidson</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Mayville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3233

P. O. Address Maysville 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 this body is not embalmed, fact should be so stated above.