

FILED NOV 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. **37584**
 Registrar's No. **4603**

BIRTH NO. _____ REG. DIST. NO: 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 633 Benton		d. STREET ADDRESS (If rural, give location) 633 Benton	

3. NAME OF DECEASED (Type or Print) Elver Justin Wixom	a. (First) Elver	b. (Middle) Justin	c. (Last) Wixom	4. DATE OF DEATH (Month) (Day) (Year) October 27, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Columbian Steel & Tank	11. BIRTHPLACE (State or foreign country) Clay Center, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JUSTIN DOUGLAS WIXOM	13b. MOTHER'S MAIDEN NAME MINNIE MAY SHAW	14. NAME OF HUSBAND OR WIFE KATIE WIXOM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-01-9517	17. INFORMANT'S SIGNATURE OR NAME MRS. KATIE WIXOM, 633 Benton	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion & Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis; Hypertension		
	DUE TO (c) Mild Diabetes; Obesity		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-14, 1948 to 3-18, 1949, that I last saw the deceased alive on 3-18, 1949, and that death occurred at 11:20 m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Haight (Degree or title) MD	23b. ADDRESS 3401 E. 12th K.C. Mo	23c. DATE SIGNED 10-28-49
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24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)	24b. DATE 10/31/49	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 10-28-49	REGISTRAR'S SIGNATURE Staldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Tobin	ADDRESS 20 W. Linwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2:30

ANENT REC'

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
Student Embalmer

Signed Maudie Adams

Licensed Embalmer No. 4016

P. O. Address 20 W. Linwood

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.