

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17479

FILED MAY 18 1951

BIRTH NO. _____		REG. DIST. NO. 250		PRIMARY REG. DIST. NO. 5850		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Madaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		c. LENGTH OF STAY (in this place) <u>24 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		0740	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9 Mi. south west of Stanberry Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>9 Mi. south west of Stanberry Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>			b. (Middle) <u>Claudius</u>			c. (Last) <u>Gixsin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4 30 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2-23-1874</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN-Stock Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Near Barnard - Madaway Co, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>William Wilson Gixsin</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Fanning</u>		14. NAME OF HUSBAND OR WIFE <u>Veda Catherine Gixsin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cleo M. Gillin - Stanberry Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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>151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>49</u> , to <u>April</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan. 25</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. B. Byland M.D.</u> (Degree or title)				23b. ADDRESS <u>Marionville Mo.</u>		23c. DATE SIGNED <u>5-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wetherman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1/2 mi. East of Gilford, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-10-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eda Crenshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Johnson Stanberry, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

J. Egan Johnson

Student Embalmer No. *✓*

working under my personal supervision.

Signed.....
Student Embalmer

Signed *J. Egan Johnson*
Licensed Embalmer No. *3492*
P. O. Address *Stanberry Missouri*

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.