

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30861**

Reg. 51

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>5781</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ulman Route 1</u>			c. LENGTH OF STAY (In this place) <u>Life</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ulman Route 1 Glaize TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Gail</u>		b. (Middle) <u>Ralph</u>		c. (Last) <u>Hix</u>		
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>24</u>		(Year) <u>1951</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>June 2, 1899</u>			
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>2</u>		DAYS <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Hartley Hix</u>			13b. MOTHER'S MAIDEN NAME <u>Dessie Myers</u>			14. NAME OF HUSBAND OR WIFE <u>Marjorie Hix</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>490-09-6404</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Majorie Hix</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>		
			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. <u>E912 11 3</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Obis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ulman Miller Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 24 1951 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor fell on him</u>					
22. I hereby certify that I attended the deceased <u>on</u> <u>Aug. 24, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:50 AM</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter P. Nedges</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Iberia, Missouri</u>		23c. DATE SIGNED <u>Aug. 25, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>		24d. LOCATION (City, town, or county) (State) <u>Miller County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. R. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Nedges</u>		ADDRESS <u>News, Mo.</u>			

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

SEP 10 1951

MILLER COUNTY HEALTH
DEPARTMENT

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 _____

Walter P. Heagy

Licensed Embalmer No. *4265*

P. O. Address *Heagy, 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.