

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33053

State File No. _____

FILED OCT 22 1951

BIRTH NO. 10-13-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOCKWOOD MO.</u>		c. LENGTH OF STAY (In this place) <u>1 hour</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENFIELD</u>	
		d. STREET ADDRESS (If rural, give location) <u>406 Water Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>M.</u> c. (Last) <u>Pixley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 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>Dec. 5, 1882</u>		9. AGE (In years last birthday) <u>68</u>		10. F UNDER 1 YEAR <u>8</u> F UNDER 1 HOUR <u>-</u> F UNDER 1 MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mech. Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Edwin S. Pixley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Paul</u>		14. NAME OF HUSBAND OR WIFE <u>Essie Pixley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-16-4972</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Essie Pixley; 406 Water St.; Greenfield, 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>Bullet from 32 cal. pistol thru head</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>E976X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>Greenfield Dade Mo</u>	
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 at time of death, 1951, that I last saw the deceased alive on 10-8-51, and that death occurred at 11:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>James P. Wren</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>10-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-12-51</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Wier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u> ADDRESS <u>Greenfield, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 15 1951

Dist. File 1031-1822
Date Filed 10-17-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.