

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34441**
Registrar's No. **151**

FILED OCT 22 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5218**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Muscatine	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Big Creek		c. CITY (If outside corporate limits, write RURAL and give township) Muscatine Iowa	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth			

3. NAME OF DECEASED (Type or Print) Thelma			a. (First)		b. (Middle)		c. (Last) Fix		4. DATE OF DEATH (Month) (Day) (Year) 10-14-52				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-11-1904		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (City and State or Foreign Country) Ark			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			13c. NAME OF HUSBAND OR WIFE Raymond Fix		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Clifton Fix		ADDRESS Rock Island Ill	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRAUMATIC SKULL						INTERVAL BETWEEN ONSET AND DEATH mediate	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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 R. Tibia & Fibula Bilateral Multiple Lacerations FAC							

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓ E8104 26				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DIAR CASS MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT 14 1952 6P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? COLLISION TWO CARS	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]			23b. ADDRESS Harrisonville Mo			23c. DATE SIGNED Oct. 14, 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/15/52		24c. NAME OF CEMETERY OR CREMATORY Muscatine		24d. LOCATION (City, town, or county) (State) Muscatine Iowa		

DATE REC'D BY LOCAL REG. Oct 15, 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Lee's Summit Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

1952

5

NOV 21 1955
FEB 11 1956

RECEIVED
OCT 18
CASS COUNTY
HEALTH DEPARTMENT

NOV 13 1955

NOV 1954

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 *A. J. Lindley*
Licensed Embalmer No. *4822*
P. O. Address *Leek Summit*

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.