

FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1860  
Registrar's No. 29

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>806 NORTH HARLEM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 NORTH HARLEM</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 NORTH HARLEM</u>	
3. NAME OF DECEASED a. (First) <u>BENJAMIN EDGAR MIX</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 14 1953</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>OCT. 11 1880</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	11. BIRTHPLACE (State or foreign country) <u>TROY, KANSAS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINES</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WALKER MIX</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY STEVENS</u>	14. NAME OF HUSBAND OR WIFE <u>CORA MIX</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DOROTHY A. SCOT</u> ADDRESS <u>806 N. HARLEM JOPLIN</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Lofer Pneumonia</u> MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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. INTERVAL BETWEEN ONSET AND DEATH _____			19. DATE OF OPERATION _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E90X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (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) _____		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>Jan 11</u> , 19 <u>53</u> , to <u>Jan 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 13</u> , 19 <u>53</u> , and that death occurred at _____ m. from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Coats M.D.</u>		23b. ADDRESS <u>Joplin</u>	
23c. DATE SIGNED <u>1-16-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARL JUNCTION CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CARL JUNCTION, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY</u> ADDRESS <u>JOPLIN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>E. E. Coats</u>	

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

495  
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RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/74  
Date Filed 1-26-53

JAN 28 1953

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 *F. M. Jones*

Licensed Embalmer No *2319*

P. O. Address *Jasper 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.