

FILED MAY 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18446**
DIVISION
Registrar's No. **160**

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>160</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Jasper		c. LENGTH OF STAY (In this place)		a. STATE Missouri		b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Carthage		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) Carthage		d. STREET ADDRESS (If rural, give location) 1008 Cedar		0493			
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Mem. Hosp.				4. DATE OF DEATH (Month) (Day) (Year) 5-14-1953					
3. NAME OF DECEASED (Type or Print)		a. (First) Emma		b. (Middle) May		c. (Last) Hixson			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-19-1917			
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Ferbillion, Kansas			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lawerance Dubry		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lawerence R. Hixson			
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. 500-01-5158		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawerence R. Hixson Carthage, Mo.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma				b. Uterine CA.				18 Months	
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. 174X									
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION Carcinoma Uterus and appendage				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 5-11-1953 , to 5-14-1953 , that I last saw the deceased alive on 5-14-1953 , and that death occurred at 11:45 m., from the causes and on the date stated above.									
23a. SIGNATURE Albert P. Wheeler, D.O.				23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 5-15-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.			
DATE REC'D BY LOCAL REG. 5/18/53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-21-53
Jasper County Health Office

County File Number 53-5-444

Date Filed 5-21-53

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 _____

Ed Culmer Jr.

Student Embalmer No. 481

working under my personal supervision.

Student *Ed Culmer Jr.*
Student Embalmer

Signed *William B. Cantrell*

Licensed Embalmer No. 4820

P. O. Address *Cantrell, 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.