

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18311

State File No. 2811

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY OR TOWN KANSAS CITY NORTH		c. CITY OR TOWN KANSAS CITY NORTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 EAST 43RD STREET		e. STREET ADDRESS (If rural, give location) 600 EAST 44TH TERR	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE W. b. (Middle) RIXEY c. (Last) RIXEY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 19 1954	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 15 1890	9. AGE (In years last birthday) 64	10. IF UNDER 1 YEAR Months	11. IF UNDER 10 HRS. Days	12. IF UNDER 10 MIN. Hours	13. IF UNDER 10 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIY SALES MGR		10b. KIND OF BUSINESS OR INDUSTRY CALEF FLOWER CO		11. BIRTHPLACE (City and State or Foreign Country) PLATTE COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME WELLINGTON W. RIXEY		13b. MOTHER'S MAIDEN NAME MARY JANE SETTLES		14. NAME OF HUSBAND OR WIFE ETHEL M. RIXEY	
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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. 487-03-6572		17. INFORMANT'S SIGNATURE OR NAME ETHEL M RIXEY N.C.N. MO.		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Chronic Coronary Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Coronary Arteriosclerosis 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 2 yrs 5810	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **March, 1954**, to **June 19, 1954**, that I last saw the deceased alive on **June 19, 1954**, and that death occurred at **6:45 P. m.** from the causes and on the date stated above.

23a. SIGNATURE Earl R. Knox (Degree or title) MD		23b. ADDRESS 224 Pinalto Bldg - K.C. Mo		23c. DATE SIGNED 6-20-54	
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24a. BURIAL CREMATION OR REMOVAL (Specify) BURIAL		24b. DATE 6-22-54		24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL		24d. LOCATION (City, town, or county) (State) CLAY COUNTY MO	
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DATE REC'D BY LOCAL REG. 6-22-54		REGISTRAR'S SIGNATURE Sheldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons		ADDRESS N. K. C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Glenn H. Hill*

Licensed Embalmer No... 45

P. O. Address... KC 16

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.