

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (If in this place) <u>2 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		f. STREET ADDRESS <u>1800 Jackson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>MIX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct 29 1881</u>		9. AGE (In years Last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broom Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Broom Factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Topeka, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Tobias R. Mix</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie L. Palmer</u>	
14. NAME OF HUSBAND OR WIFE <u>Ollie Mae Pace</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-12-2041</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ollie Mae Mix</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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease</u>		II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ANTECEDENT CAUSES		DUE TO (b) <u>Branchial aneurysm</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LAMAR</u>	
21. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamar Barton Mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 15 1955, to April 21 1955, that I last saw the deceased alive on 4-21, 1955, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.R. Guldner M.D.</u>		23b. ADDRESS <u>LAMAR</u>		23c. DATE SIGNED <u>4-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr 24 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakton</u>	
24d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Konantz</u>		24f. ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u>	

DATE REC'D BY LOCAL REG. APR 23 1955

REGISTRAR'S SIGNATURE Marie Konantz

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25. FUNERAL DIRECTOR'S SIGNATURE Marie Konantz ADDRESS Konantz Funeral Home, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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**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..... *Carl F. Kowitz*

Licensed Embalmer No. *2247*

P. O. Address *Lamar*

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.