

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19330

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>		
b. CITY OR TOWN <u>Rural-Hurricane</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural-Hurricane</u>		0570 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Hope Community</u>			d. STREET ADDRESS (If rural, give location) <u>New Hope Community</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>JEROME</u>		c. (Last) <u>HIXSON</u>	
4. DATE OF DEATH <u>JUNE 5, 1955</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>FEB. 1, 1886</u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Raleigh Prod. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JEREMIAH HIXSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY COLEMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>EVA FULTON HIXSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-1209</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EVA HIXSON - Elsberry, Mo.</u>		17. ADDRESS		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis</u>			<u>3 hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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>Nov 5</u> , 1951, to <u>June 5</u> , 1955, that I last saw the deceased alive on <u>May 22</u> , 1955, and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Robert N. Hildebrand - Elsberry, Mo.</u>		23b. ADDRESS		23c. DATE SIGNED <u>June 9, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE</u>	
24d. LOCATION (City, town, or county) <u>RED - Elsberry, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Hicks - Elsberry, Mo</u>		24f. ADDRESS	
DATE REC'D BY LOCAL REG. <u>7/11/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Hicks - Elsberry, Mo</u>	

(Licensed Embalmers' 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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4012

P. O. Address Esberry, 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.