

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25117

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4538</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont</u>		c. LENGTH OF STAY (in this place)		c. CITY <u>Jennings, Missouri</u> OR TOWN <u>St. Louis County</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>7157 Garesche</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Stewart</u> c. (Last) <u>Hixson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6, 1955</u>				
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 18, 1925</u>	
9. AGE (In years last birthday) <u>29</u>		10. MONTHS <u>11</u>		11. DAYS <u>18</u>		12. HOURS <u>11</u> MIN. <u>48</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Butler Co., Missouri</u>	
13a. FATHER'S NAME <u>Lee Clarence Hixson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Crowley</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW 11</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Lee Hixson, Piedmont, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of both lungs</u> ANTECEDENT CAUSES DUE TO (b) <u>Suffocation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Gunshot wound</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>981X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>
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) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Powell's Tavern</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Piedmont Wayne Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 6 55 7P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gunshot wound</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Margaret E. Boules Coroner 3</u>				23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>8/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Piedmont, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward 460</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Eder Piedmont, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1956
SEP 29 1956
JUN 15 1956

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed William Foster

Licensed Embalmer No. 3723

P. O. Address Piedmont, N.C.

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.