

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40356

FILED NOV 20 1956

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 41

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u> | |
| c. LENGTH OF STAY (In this place) <u>1yr</u> | | d. STREET ADDRESS (If rural, give location) <u>1070</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) _____ c. (Last) <u>Pixler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1956</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>1-8-1887</u> | | 9. AGE (In years last birthday) <u>69</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Princeton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>J. H. Pixler</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Jane Abrams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Flora</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>497-12-3471</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Flora Pixler - Houston, Mo.</u> | |

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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, 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) <u>CEREBROVASCULAR ACCIDENT</u> | | DUE TO (b) <u>ESSENTIAL HYPERTENSION</u> | | | | | |
| DUE TO (c) _____ | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|--|--|--|--|---|--|
| 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) <u>331x</u> | |
| 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 November 5, 1956, to November 5, 1956, that I last saw the deceased alive on November 5, 1956, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 23a. SIGNATURE <u>John R. Turn</u> | | (Degree or Title) <u>M. D.</u> | | 23b. ADDRESS <u>Box 413 Houston, Missouri</u> | | 23c. DATE SIGNED <u>Nov. 5, 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-6-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u> | | 24d. LOCATION (City, town, or county) (State) <u>Princeton Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>11-12-56</u> | | REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home - Houston, Mo</u> | | ADDRESS | |

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

3270

10000
10000

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Haverly 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.