

FILED APR 30 1957

STANDARD CERTIFICATE OF DEATH

State File No. **15958**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **75**

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

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Washington	c. LENGTH OF STAY (in this place) 7 months	c. CITY OR TOWN Joplin	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 State Hosp # 3		e. STREET ADDRESS (If rural, give location) 2619 East 3rd St. # 0	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WARREN c. (Last) HIXSON	4. DATE OF DEATH (Month) (Day) (Year) APRIL 19, 1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 8, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Days 11	IF UNDER 2 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery	11. BIRTHPLACE (City, State, Country) Carroll Junction, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas B. Hixson	13b. MOTHER'S MAIDEN NAME Sarah Jane Sadors	14. NAME OF HUSBAND OR WIFE Mrs C.W. Hixson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. C.W. Hixson	ADDRESS Joplin
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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) Hypostatic Pneumonia		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 10 yrs DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome		2 yrs	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	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 **Oct 9, 1953, 19 11**, to **April 19, 1957**, that I last saw the deceased alive on **April 17, 1957**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank D. Myer M.D.	23b. ADDRESS State Hosp # 3	23c. DATE SIGNED April 19 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-22-57	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL CEMETERY, JOPLIN, MISSOURI	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-23-1957	REGISTRAR'S SIGNATURE Anna J. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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MAY 3 1954

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 *F M Jones*

Licensed Embalmer No *2319*

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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