

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006893
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Appleton City</u>		Inside Limits <u>2078</u> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>CLETT. M. Hosp. 5 W.</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Hudson Dr.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Lincoln</u> Last <u>Wix</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>58</u>			
5. SEX <u>M</u> COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 25 - 86</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bates, Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>ROBERT WIX</u>				14. MOTHER'S MAIDEN NAME <u>MARY ANN WILLY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-42-569</u>		17. INFORMANT <u>ROBERT WIX</u> Address <u>Appleton City, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction, acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year a. m. <u>-</u> p. m. <u>-</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>25 Feb 58</u> to <u>26 Feb 58</u> and last saw <u>him</u> alive on <u>26 Feb 58</u> . Death occurred at <u>2:00</u> <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Walter M. [Signature]</u> (Degree or title)				22b. ADDRESS <u>Appleton City</u>		22c. DATE SIGNED <u>28 Feb 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Osceola Eckhoff</u> ADDRESS <u>Appleton City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Mar. 1 1958</u>		26. REGISTRAR'S SIGNATURE <u>Chas Abney</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Wesley Eckhoff*

Licensed Embalmer No. *39*

P. O. Address *By phone*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.