

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038682  
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PIEDMONT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PIEDMONT</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>✓</b>		Length of stay in lb <b>✓</b>	d. STREET ADDRESS (If outside, give location) <b>1110 0</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>GROVER BRYAN HIXSON</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 17 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 3, 1892</b>		9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>PATTERSON, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JEREMIAH HIXSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ELIZABETH COLEMAN BUELAH HIXSON</b>		14. NAME OF HUSBAND OR WIFE <b>BUELAH HIXSON</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>493-36-6244</b>	17. INFORMANT <b>BUELAH HIXSON</b> Address <b>PIEDMONT, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause of death for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extremity Phlebotomy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		
DUE TO (c) _____ <b>4201</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT <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 <b>Piedmont Wayne Mo</b>	COUNTY <b>Wayne</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>you</b> to <b>Sept 15-58</b> and last saw <b>her</b> alive on <b>Sept 15-58</b> Death occurred at _____ on the date stated above; and to the best of my knowledge from the causes stated.				

22a. SIGNATURE <b>H. E. Tolson</b> (Degree or title)	22b. ADDRESS <b>Piedmont Mo</b>	22c. DATE SIGNED <b>9-14-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT 20, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM</b>	23d. LOCATION (City, town, or county) (State) <b>PIEDMONT MO</b>
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24. FUNERAL DIRECTOR <b>GISH FUNERAL HOME</b> ADDRESS <b>PIEDMONT, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 18, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Hazel Hard</b>
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300  
1-57  
1  
All diseases in Part I must be causally related.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
No symptoms will be listed.

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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426  
P. O. Address Piedmont

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.