

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044765

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

UNAMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6427

STATE FILE NUMBER

FILED JAN 8 1962

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in 1b 4 YEARS | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2512 East 49th Street | | d. STREET ADDRESS (If outside, give location) 2512 EAST 49th STREET | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First MAUDE Middle L Last HIXON | | | 4. DATE OF DEATH Month DECEMBER Day 20th Year 1961 | | |
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|-------------------------|--------------------------------------|---|------------------------------------|-------------------------------------|---|----------------|
| 5. SEX FEMALE | 6. COLOR OR RACE CAUCASIAN | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-3-81 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|--------------------------------------|---|------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) RISHMOND MISSOURI U.S.A. | 12. CITIZEN OF WHAT COUNTRY |
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| 13a. FATHER'S NAME ROBERT. M. HIXON. | 13b. MOTHER'S MAIDEN NAME ELIZABETH. V. DRAKE. | 14. NAME OF HUSBAND OR WIFE NONE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT MRS. LAURA HALL, 2512 EAST 49th St. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| DUE TO (b) Arteriosclerotic Heart Disease 6 years | | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 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 **Sept. 25, 1955** to **Dec. 20, 1961** and last saw her ^{her} alive on **Dec. 4, 1961**
Death occurred at **10:05** p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22. SIGNATURE Kenneth A. Davis (Degree or title) | 22b. ADDRESS 2001 Plaza Theater Bldg Kansas City, Mo. | DATE SIGNED 12-21-61 |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 23, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Old Sunny Slope Cemetery | 23d. LOCATION (City, town, or county) (State) Richmond Missouri |
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| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS 1331 Brush Creek Blvd Kansas City Mo | 25. DATE RECD. BY LOCAL REG. 12-22-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Kenneth A. Davis

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

Louis Quest

Licensed Embalmer No. 4096

P. O. Address K.C.M.

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.