

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041856

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 64

FILED DEC 3 1962

VS 300
Rev. 4/59

10 150
21 50
3
4 0
5 1
6
7 0
8 2
9 X
10
11 015
12 91-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage</u> Length of stay in 1b		c. CITY OR TOWN <u>Camden</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. Route 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. Hwy 5</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Hezekiah Dudley Hix</u>			4. DATE OF DEATH Month Day Year <u>Nov 24 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 8-1892</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 <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Warsaw Mo</u>
13a. FATHER'S NAME <u>Samuel Fount Hix</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Elizabeth Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Canfield Hix</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address <u>Mrs Lena Hix Camden Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHING INJURY TO CHEST</u> DUE TO (b) <u>AUTO ACCIDENT</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>STRUCK BY A CAR</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>11:50 p.m.</u> Month, Day, Year <u>11-24-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>CAMDENTON CAMDEN MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. J. B. Holley, M.D. (Camden County Coroner)</u>		22b. ADDRESS <u>CAMDENTON MO.</u>	22c. DATE SIGNED <u>11-28-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 27-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mission Point Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Barnington Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Robert H. Reed Camden Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 28-1962</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha Draw.</u>	

DEC 10 1962

MAR 1 1963

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.