MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020586
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 28

FILED JUN 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0510
2 0510
3 2
4 0
5 2
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12 90-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Holden
Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4th & Olive St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Holden
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4th & Olive St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ira Middle: Alva Last: Bixby

4. DATE OF DEATH: Month: May Day: 26 Year: 1963

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-16-19 15
9. AGE (last birthday): 47 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (City and state or country): Bloomington, Nebr.
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Alva David Bixby
13b. MOTHER'S MAIDEN NAME: Katherine Dickerson
14. NAME OF HUSBAND OR WIFE: Dorothy Bixby, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes. (If yes, give war or dates of): WW#2
16. SOCIAL SECURITY NO.: 71
17. INFORMANT: Robt. Bixby, brother, Address: Warrensburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 July 5, 1962 to May 1963 and last saw him alive on May 25, 1963
Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kelly Rawlins (Degree or title) M.D
22b. ADDRESS: Holden Mo
22c. DATE SIGNED: 5/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 5-29-63
23c. NAME OF CEMETERY OR CREMATORY: Fairview R.L.D.S.
23d. LOCATION (City, town, or County) (State): Holden, Mo.

24. FUNERAL DIRECTOR: E B CAST ADDRESS: HOLDEN MO
25. DATE RECD. BY LOCAL REG.: 5-29-63
26. REGISTRAR'S SIGNATURE: Bernice Ross

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1969

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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4059

P. O. Address Holden, 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.