

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22854

State File No.

FILED AUG 14 1951

| | | | | | | | | | |
|---|--|---|--------------------------|---|----------------------|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>4218</u> | | Registrar's No. <u>126</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived; if institution: name and address before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> | | c. LENGTH OF STAY (in this place) <u>51 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> | | <u>420</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 Cherry</u> | | | | d. STREET ADDRESS (If rural, give location) <u>409 Cherry</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>EDWARD ROBERT</u> | | | a. (First) <u>EDWARD</u> | b. (Middle) <u>ROBERT</u> | c. (Last) <u>HIX</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6, 1951</u> | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Jan 21, 1871</u> | | | |
| 9. AGE (In years last birthday) <u>80</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman Railroad</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William Hix</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucinda Terry</u> | | 14. NAME OF HUSBAND OR WIFE <u>Belle Huston Hix</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E.R. Hix, Windsor, Mo.</u> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis with infarction</u> ANTECEDENT CAUSES <u>hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiovascular</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>no</u> (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>None</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 1945</u> to <u>Aug 5, 1951</u> , that I last saw the deceased alive on <u>July 30, 1951</u> , and that death occurred at <u>12 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>A. J. Jennings, M.D.</u> | | | | 23b. ADDRESS <u>Windsor, Mo.</u> | | 23c. DATE SIGNED <u>8-7-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-8-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> | | 24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Aug 8-51</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 4-3 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u> | | ADDRESS <u>Windsor, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420

RECEIVED 8-12-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-12-57

AUG 22 1957

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 _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.