

Health, Welfare, Public Service
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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-009688

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 137 Primary Registration District No. 6517 Registrar's No. 760

| | | | | | |
|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Tebo | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Calhoun | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R2 Calhoun | | Length of stay in 1b | d. STREET ADDRESS R2 Calhoun | | (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) William David Hix | | | 4. DATE OF DEATH Month March Day 3 Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-1-1953 | | 9. AGE (In years last birthday) 5 |
| 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) Camden County Mo. | |
| 13. FATHER'S NAME Flavel Hix | | | 14. MOTHER'S MAIDEN NAME Ruby Charlton | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Flavel Hix Address Calhoun, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 493X |
| 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) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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. | | | | | |
| 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 March 30 to March 31 and last saw ^{her} him alive on March 3 . Death occurred at 7:30 A. m, on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Ruby Jordan M.D. | | | 22b. ADDRESS Windsor Mo | | 22c. DATE SIGNED 3-4-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3-4-1958 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery | | 23d. LOCATION (City, town, or county) (State) Windsor, Mo. |
| 24. FUNERAL DIRECTOR Ellis Huston | | ADDRESS Windsor, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-25-58 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |

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 *Clifford Gouge*.....

Licensed Embalmer No. *50th*

P. O. Address *Winder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.