

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013092

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 137 Primary Registration District No.

Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give OWNERSHIP only) OR TOWN <i>Windsor</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Windsor</i> 0420 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Miller Rest Home</i>		Length of stay in lb <i>14 Months</i>	d. STREET ADDRESS (If outside, give location) <i>Unknown</i>
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>SHERMAN</i> Last <i>HIX</i>			4. DATE OF DEATH Month <i>April</i> Day <i>5</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 3 1867</i>
9. AGE (In years, last birthday) <i>92</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired Menne</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Sell City Ind.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Wm Henry Hix</i>	13b. MOTHER'S MAIDEN NAME <i>Lucinda Jerry</i>
14. NAME OF HUSBAND OR WIFE <i>Mollie Cook</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>
17. INFORMANT <i>Mrs Lillian Humphrey Windsor Mo</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cancer of Prostate</i>			2 yrs x
DUE TO (c) <i>with Metastases</i>			
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"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <i>3-20-53</i> to <i>4-5-59</i> and last saw him alive on <i>4-4-59</i> Death occurred at <i>6:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Claude M. Thurber MD</i>		22b. ADDRESS <i>Windsor Mo</i>	
22c. DATE SIGNED <i>4/12/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 7, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Lanuel Oak Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Windsor Mo.</i>	
24. FUNERAL DIRECTOR <i>B. W. Huston</i>		ADDRESS <i>Windsor Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>5-24-59</i>		26. REGISTRAR'S SIGNATURE <i>Waldred Bigum</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL CHANGES IN PART I MUST BE CAUSALLY RELATED.

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 *Elliam Huston*

Licensed Embalmer No. *3391*

P. O. Address. *Windsor*

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.