

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 0 2 5

FILED VS JAN - 4 1960 / 3 7

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 318

STATE FILE NUMBER

MEMORIALIZED

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 TOWNSHIP only) OR TOWN <i>Jeho. township</i>		Length of stay in 1b <i>1 hr.</i>		c. CITY OR TOWN <i>Windsor Mo</i>		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>Highway 52 Near Calhoun</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1001 South Main</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>FINIS</i> Middle <i>FRANKLIN</i> Last <i>HIX</i>				4. DATE OF DEATH Month <i>Dec.</i> Day <i>26</i> Year <i>1959</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>7-22-1934</i>	9. AGE (last birthday) <i>25</i>	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) <i>Mechanic</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Clinton Spring Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Albert Hix</i>			13b. MOTHER'S MAIDEN NAME <i>Etta Hale</i>		14. NAME OF HUSBAND OR WIFE <i>Jean Sinker</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Korean 1951</i>			16. SOCIAL SECURITY NO. <i>487-40-5082</i>		17. INFORMANT Address <i>Mrs. Finis Hix Windsor Mo.</i>			
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>Multiple fractures - basilar skull fracture</i>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Automobile accident</i>						
		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. <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.) <i>One car automobile accident</i>						
20c. TIME OF INJURY Hour <i>10:00</i> Month, Day, Year <i>Dec 26, 1959</i> p.m.			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.) <i>Highway 52 near Calhoun</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Calhoun, Henry Mo</i>	
21. I attended the deceased from <i>no attendants</i> to _____ and last saw him alive on <i>12-26-59</i> Death occurred at <i>10:15 pm</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>W W Bradham MD (Henry Co coroner)</i>				22b. ADDRESS <i>Clinton, Mo.</i>			22c. DATE SIGNED <i>12/29/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec. 29, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Windsor Mo</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Ellis M. Huston Windsor Mo</i>				25. DATE RECD. BY LOCAL REG. <i>Dec 30-1959</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 28 1960

JAN 14 1960

STATEMENT BY LICENSED EMBALMER

JAN 8

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 Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor M.

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.