

FILED OCT 14 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0036572

## CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 237DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/689. 0  
10a. 48  
10b.  
11. 0  
12. 9  
13. 4109  
14. 4  
15. 6.0425  
16.  
17.  
18. 3  
19. CREDITS  
20. 1-0USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. <b>FIRST MIDDLE LAST</b> <b>MARION FRANKLIN HIXSON</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>October 12, 1968</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>48</b>	UNDER 1 YEAR 5b. <b>MOS. DAYS</b>	UNDER 1 DAY 5c. <b>HOURS MIN.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>July 6, 1920</b>
CITY, TOWN, OR LOCATION OF DEATH 7a. <b>Clinton</b>		INSIDE CITY LIMITS 7c. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>Wetzel Hospital</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Missouri</b>	CITIZEN OF WHAT COUNTRY 9. <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Ruth Harms</b>	
SOCIAL SECURITY NUMBER 12. <b>491-20-7464</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED.) 13. <b>Mechanic</b>	KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Henry</b>	CITY, TOWN, OR LOCATION 14c. <b>Clinton</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>Yes</b>	STREET AND NUMBER 14e. <b>215 E. Oak St.</b>
FATHER—NAME 15. <b>Joseph Franklin Hixson</b>		MOTHER—MAIDEN NAME 16. <b>Ida Mae Hudson</b>		
INFORMANT—NAME 17. <b>Mrs Ruth Hixson</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>215 E. Oak St. Clinton, Mo. 64735</b>		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <b>Coronary infarction</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>sudden</b>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <b>Coronary infarction</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>35d.</b>
(c) <b>Coronary infarction</b>				<b>1965</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19. <b>No</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <b>9-17-68</b>	MONTH DAY YEAR	TO 21b. <b>10-12-68</b>	MONTH DAY YEAR	AND LAST SAW HIM ALIVE ON 21c. <b>10 11 68</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. <b>10-12-68</b>	THE DECEASED WAS PRONOUNCED DEAD 22c. <b>10-12-68</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 22d. <b>2:30 A.M.</b>
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>R.J. Powell</b>		SIGNATURE 23b. <i>R.J. Powell</i>	DATE SIGNED (MONTH, DAY, YEAR) 23c. <b>10/12/68</b>	
MAILING ADDRESS—CERTIFIER 23d.		STREET OR R.F.D. NO. 23e. <b>105 E. Ohio</b>	CITY OR TOWN 23f. <b>Clinton</b>	STATE 23g. <b>Mo.</b>
ZIP 23h. <b>64735</b>				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24b. <b>Englewood</b>	LOCATION 24c. <b>Clinton, Missouri</b>		
DATE (MONTH, DAY, YEAR) 24d. <b>Oct 14, 1968</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <b>Consalus, 209 S. 2d St. Clinton, Missouri 64735</b>			
FUNERAL DIRECTOR—SIGNATURE 25a. <i>J.E. Consalus</i>	REGISTRAR—SIGNATURE 25b. <i>Mildred Bigum</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <b>Oct. 12, 1968</b>		

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

October 15, 1968

10-31-68

OCT 8 1968

OCT 24 1968

Name of Deceased: John W. Haxson  
 Date of Death: July 6, 1968  
 Place of Death: Clinton, N.Y.  
 Cause of Death: Heart Disease  
 Age: 68  
 Sex: Male  
 Race: White  
 Religion: Methodist  
 Burial Place: Clinton, N.Y.  
 Burial Date: July 10, 1968  
 Burial Time: 10:00 AM  
 Burial Location: Clinton, N.Y.  
 Burial Site: Clinton, N.Y.  
 Burial Site No.: 10-31-68  
 Burial Site Name: Clinton, N.Y.  
 Burial Site Address: Clinton, N.Y.  
 Burial Site Phone: Clinton, N.Y.  
 Burial Site City: Clinton, N.Y.  
 Burial Site State: Clinton, N.Y.  
 Burial Site Zip: Clinton, N.Y.

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 J. E. Conzelmann

Licensed Embalmer No. 1891

P. O. Address Clinton, N.Y.

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.

Clinton, N.Y. 13301