

No. 300
10.48

FILED JAN 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2212

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>1644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>		d. STREET ADDRESS (If rural, give location) <u>2700 Lindell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie Bell</u> b. (Middle) <u>Mix</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>January 16, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1882</u> <u>April 1, 1882</u>	9. AGE (In years last birthday) <u>70</u> if under 1 year: Months <u>9</u> Days <u>15</u> if under 24 hours: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE <u>Boardman, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>No record</u>		14. NAME OF HUSBAND OR WIFE <u>Perry Phillips Mix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James D. Conrad</u> ADDRESS <u>Hannibal Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per item (a), (b), and (c) <u>myocardial infarction</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the manner of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>491X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerotic heart</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Dissecting, Cardiac decompensation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 8, 1953, to Jan 16, 1953, that I last saw the deceased alive on Jan 15, 1953, and that death occurred at 2:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Regree or title)		23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>Jan 17 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/16/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I O O F</u>	
		24d. LOCATION (City, town, or county) <u>Shelbyville Missouri</u>		(State)	

DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hannibal Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

3644

RECEIVED JAN 23 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 23 1958

MAR 12 1958

APR 23 1958

MAY 1 1958

MAR 12 1958

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 W. Campbell Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 2212-53

State of Missouri }
County of Shelby } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 29 day of April, 1953, before me appears Walter Mix

who, upon his oath, states that the original record of birth death for Minnie Belle Mix, died born Jan. 16, 1953, in the State of Missouri, and which was filed at Jefferson City on Jan. 26, 1953, should be corrected as follows:

Item No. 8 should read April 1-1882

Instead of April 1-1881

Item No. 11 should read Beardstown, Illinois

Instead of "East of Bethel, Missouri"

Item No. ~~136~~ should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Walter Mix Son Relationship

Shelbyville, Mo. Present Address.

Subscribed and sworn to before me this 29 day of April, 1953

My Commission expires 3-21-56 Notary Public. Nettie R. Day

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

