

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

State File No. **25345**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>MAYOULAND</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>MAYOULAND MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (if rural, give location) <u>0620</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>LIL</u> c. (Last) <u>MIXES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-10-1894</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>MAYOLA HILL MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>JOHN HANSON</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN SIOUALL</u>	14. NAME OF HUSBAND OR WIFE <u>R R MIXES</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>R R MIXES</u> ADDRESS <u>MAYOULAND MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>90 hours</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency and</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Haemorrhage</u> DUE TO (c) <u>HIO.X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, arteriosclerosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	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 year 19 to 6-30, 1957, that I last saw the deceased alive on 6-28, 1957, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Slaughter</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>135 W main Fredericktown</u>	23c. DATE SIGNED <u>7-2-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/2/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHITMAN or Cemetery Waynes</u>
24d. LOCATION (City, town, or county) (State) <u>MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Ambler</u> ADDRESS <u>Waynes MO</u>	DATE REC'D BY LOCAL REG. <u>7-8-1957</u> REGISTRAR'S SIGNATURE <u>Lorence Licker</u>

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

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUL 15 1957

FILE NO. 72

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 Raymond B. Wilson

Licensed Embalmer No. 488

P. O. Address Fredricktown

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.