

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 44584

FILED VS DEC 22 1959

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 50

ENDED

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holden</b>		Length of stay in 1b <b>39 years.</b>	c. CITY OR TOWN <b>Holden</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>South Olive St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>South Olive St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Dorothy</b> Middle <b>Elizabeth</b> Last <b>Bixby</b>			4. DATE OF DEATH Month <b>December</b> Day <b>17</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 30 1920</b>	9. AGE (last birthday) <b>39</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife-Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Remington Arms Co.</b>	11. BIRTHPLACE (City and state or country) <b>Holden, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>Wilkes Peck Mullen</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Christiansen</b>		14. NAME OF HUSBAND OR WIFE <b>Ira A. Bixby</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>	16. SOCIAL SECURITY NO. <b>494-12-9737</b>	17. INFORMANT Address <b>W.P.Mullen, father, Holden, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Nephritis</b>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Complete paralysis from 5<sup>th</sup> L down</b>				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 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.) <b>Car accident 1952</b>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Dec. 1952</b> to <b>Dec. 16, 1959</b> and last saw her alive on <b>Dec. 16, 1959</b> Death occurred at <b>1 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Kelly Paulius M.D.</b>			22b. ADDRESS <b>Holden, Mo</b>		22c. DATE SIGNED <b>12/18/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-20-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Holden, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>E B CAST HOLDEN MO</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-59</b>	26. REGISTRAR'S SIGNATURE <b>Thomas C Durdon</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 6

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 \_\_\_\_\_



Licensed Embalmer No. 4059

P. O. Address Holden, Va

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.