

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040076

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

RECOMMENDED

Registration District No. 27 Primary Registration District No. 5088 Registrar's No. 138

FILED NOV 17 1961

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Atwood - Twp		Length of stay in 1b	c. CITY OR TOWN Appleton City,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd Appleton City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 3
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Sarah Middle Elizabeth Last Wix			4. DATE OF DEATH Nov. 8, 1961 Month Nov. Day 8 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1873	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Bates Co., Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME James Brown		13b. MOTHER'S MAIDEN NAME Martha Hix		14. NAME OF HUSBAND OR WIFE Ben F. Wix	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT James R. Wix Address Appleton City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral hemorrhage			10 days
DUE TO (b) Hypertension and arteriosclerosis			15 years
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis and advanced age		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	
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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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				

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
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21. I attended the deceased from June 1933 to Nov. 6, 1961 and last saw her/him alive on Nov. 6 - 1961
Death occurred at 9:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. S. Laffner, M.D.		22b. ADDRESS 212 N. Main, Butler, Mo.		22c. DATE SIGNED 11/11/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-11-61	23c. NAME OF CEMETERY OR CREMATORY Meyers Cemetery	23d. LOCATION (City, town, or county) (State) Bates Co., Mo.	

24. FUNERAL DIRECTOR Melvin Janssen	ADDRESS Eldorado Springs Mo.	25. DATE RECD. BY LOCAL REG. NOV-11-61	26. REGISTRAR'S SIGNATURE Randall Krumm	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Melvin L. Jansen*

Licensed Embalmer No. 4512

P. O. Address El Dorado

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.