

FILED OCT 7 1969

124

69 0036646

XX

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 1
10a. 86
10b.
11. 0
12. 2
13. 4339
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

681
PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. <u>77</u>		Primary Registration District No. <u>3016</u>		Registrar's No. <u>457</u>	
DECEASED—NAME FIRST MIDDLE LAST <u>DELIAH ELIZABETH THIXTON</u>			SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>September 18, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>		AGE—LAST BIRTHDAY YEARS <u>86</u>	UNDER 1 YEAR MOS. <u>9</u> DAYS <u>4</u>	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <u>Dec. 14, 1882</u>
CITY, TOWN, OR LOCATION OF DEATH <u>Jefferson City</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>State-Wide Nursing Home</u>		COUNTY OF DEATH <u>Cole Co.</u>	
7b. <u>Jefferson City</u>		7c. <u>yes</u>		7d. <u>State-Wide Nursing Home</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Missouri</u>		CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	
8. <u>Missouri</u> SOCIAL SECURITY NUMBER <u>497-54-0998</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>housewife</u>		KIND OF BUSINESS OR INDUSTRY	
12. <u>497-54-0998</u> RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION <u>Mo. Moniteau California</u>		13b. <u>housewife</u>		13c. <u>yes</u> 14c. <u>North Oak</u>	
FATHER—NAME FIRST MIDDLE LAST <u>John Comer</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Sally Butcher</u>			
15. <u>John Comer</u> INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>No. High St.- California, Missouri</u>			
17a. <u>Eva Sherer</u>		17b. <u>No. High St.- California, Missouri</u>			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
18. IMMEDIATE CAUSE					
(a) <u>Cerebral Sclerosis</u> DUE TO, OR AS A CONSEQUENCE OF:					
(b) <u>Cerebral Thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF:					
(c) <u>Generalized Arteriosclerosis</u>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					
<u>Arteriosclerotic Heart Disease</u>					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	
20a.		20b.		20c. M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.		20f.		20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE 21a. DECEASED FROM <u>8</u>		TO <u>25 1969</u>		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <u>9 18 69</u>	
21b. <u>9 18 69</u>		21c. <u>9 18 69</u>		21d. <u>did not</u>	
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.		HOUR OF DEATH <u>1:40p</u>		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21e. <u>1:40p</u>	
22a.		22b. <u>Sept. 18 1969</u>		22c. <u>1:40 p</u>	
CERTIFIER—NAME (TYPE OR PRINT) <u>William H. Voss, D. O.</u>		SIGNATURE <u>W. H. Voss</u>		DEGREE OR TITLE <u>DO</u>	
23a. <u>William H. Voss, D. O.</u>		23b. <u>W. H. Voss</u>		23c. <u>10-1-69</u>	
MAILING ADDRESS—CERTIFIER <u>316 Jackson, Jefferson City, Missouri</u>		STREET OR R.F.D. NO. CITY OR TOWN STATE <u>316 Jackson, Jefferson City, Missouri</u>		STATE <u>65101</u>	
23d. <u>316 Jackson, Jefferson City, Missouri</u>		23e. <u>California Mo.</u>		23f. <u>California Mo.</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		CEMETERY OR CREMATORY—NAME <u>Masonic</u>		LOCATION CITY OR TOWN STATE <u>California Mo.</u>	
24a. <u>burial</u>		24b. <u>Masonic</u>		24c. <u>California Mo.</u>	
DATE (MONTH, DAY, YEAR) <u>9-20-1969</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Wilson Funeral Home, 101 S. Oak, California, Mo. 65018</u>		24d. <u>Wilson Funeral Home, 101 S. Oak, California, Mo. 65018</u>	
FUNERAL DIRECTOR—SIGNATURE <u>A. E. Wilson</u>		REGISTRAR—SIGNATURE <u>Norman H. New</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>10-4-69</u>	
25b. <u>A. E. Wilson</u>		25c. <u>Norman H. New</u>		25d. <u>10-4-69</u>	

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

Embalmer-A. E. Wilson
Licensed Embalmer No. 2351
California, Missouri

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.