

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37124**  
**4824**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4824</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 0</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson 47</b>		
c. LENGTH OF STAY (in this place) ---		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 1</b>		d. STREET ADDRESS (If rural, give location) <b>1607 Genesee</b>		3 4 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>								
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <b>Charles</b>		b. (Middle)	c. (Last) <b>Bixman</b>		(Month) <b>11</b>	(Day) <b>14</b>	(Year) <b>1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>March 19, 1889</b>		9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	
IF UNDER 1 YEAR Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>railroad</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>garage</b>	
11. BIRTHPLACE (State or foreign country) <b>Clinton, Missouri 0</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				
13a. FATHER'S NAME <b>John M. Bixman</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Svedaker</b>			14. NAME OF HUSBAND OR WIFE <b>--</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>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Babe Bixman Clinton, Missouri</b>				
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid hemorrhage</b>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary edema and congestion</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>330A</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Nov. 12</u> , 19 <u>49</u> , to <u>Nov. 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 14</u> , 19 <u>49</u> , and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Wm. W. Hart M D</b> (Degree or title)				23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>		23c. DATE SIGNED <b>11-14-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-14-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clinton Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Mo.</b>			
DATE REC'D BY LOCAL REG <b>11-14-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes Wilkinson</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clinton Mo.</b>			

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

*Handwritten mark*

**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 *Fred E. Williams Jr.*

Licensed Embalmer No. *4516*

P. O. Address *Clinton, Mo*

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.