S. No. 300
v. 10.48

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11806

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 5

0150
1

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

1. PLACE OF DEATH
a. COUNTY: CAMDEN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Climax Springs
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: CAMDEN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Climax Springs 0150
d. STREET ADDRESS (If rural, give location): Adair Twp

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): M
c. (Last): HIX

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1951

5. SEX: MALE 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Nov 9, 1862
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 5, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): Camden Co, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John Hix
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: ~~Oscar~~ Lucinda Hix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Oscar Hix — ADDRESS: Climax Springs

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1950, *to* April 17, 1951, *that I last saw the deceased alive on* April 17, 1951, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. V. Powell D.C.
23b. ADDRESS: Climax Springs, Mo
23c. DATE SIGNED: April 18, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19, 1951
24c. NAME OF CEMETERY OR CREMATORY: Climax Springs
24d. LOCATION (City, town, or county) (State): Benton Co Mo

DATE REC'D BY LOCAL REG.: 4-19-51
REGISTRAR'S SIGNATURE: G. J. Myers 41 0
25. FUNERAL DIRECTOR'S SIGNATURE: John F Reser — ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-24-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-24-51

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 John F Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.