FILED NOV 18 1953

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 39447

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 505

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #2 Galena 8 15 8
d. STREET ADDRESS (If rural, give location): 5 Miles South East of Galena

**3. NAME OF DECEASED** (Type or Print)
a. (First): James
b. (Middle): Samuel
c. (Last): Hixenbaugh

**4. DATE OF DEATH** (Month) (Day) (Year): 11- 8- 1953

**5. SEX**: Male C
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 8-19-1897
**9. AGE** (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): General Farm Work
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Galena, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Henry Hixenbaugh
**13b. MOTHER'S MAIDEN NAME**: Sarah Wright
**14. NAME OF HUSBAND OR WIFE**: Cecile Burkybile Hixenbaugh

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): ND
**16. SOCIAL SECURITY NO.**: 510-16-3533
**17. INFORMANT'S SIGNATURE OR NAME**: Cecile Burkybile Hixenbaugh — ADDRESS: (Wife)

**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): Nephritis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

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.* Uremia

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**: 592 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* about Nov 1, 1953, *to* Nov 8, 1953, *that I last saw the deceased alive on* Nov 8, 1953, *and that death occurred at* 330 p.m. *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles S. Paddock MD
**23b. ADDRESS**: 330 pm Frisco Bldg Joplin Mo
**23c. DATE SIGNED**: 11-10-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 11-10-53
**24c. NAME OF CEMETERY OR CREMATORY**: Lowell Cemetery
**24d. LOCATION** (City, town, or county) (State): Lowell Kansas

**DATE REC'D BY LOCAL REG.**: 11-10-53
**REGISTRAR'S SIGNATURE**: Ed D. James 138 by Dolores Lampkins D.R.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Roy L Derfelt — ADDRESS: Galena Kan

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 17 1953
Jasper County Health Office
County File Number 53-11-~~[illegible]~~ ~~[illegible]~~ 913
Date Filed NOV 17 1953

**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 Deufelt Funeral Home working under my personal supervision.

Student Embalmer No. 484

Signed Roy L. Deufelt
Student Embalmer

Signed Jeanne Kane

Licensed Embalmer No. 2880 MO

P. O. Address Baxter Springs Ka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.