

## STANDARD CERTIFICATE OF DEATH

State File No. 28512  
4124

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>30 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3200 CENTRAL STREET</b>				• STREET ADDRESS (If rural, give location) <b>3478</b> <b>17 3200 CENTRAL STREET</b>			
3. NAME OF DECEASED a. (First) <b>HARRY</b>		b. (Middle) <b>ULYSSES</b>		c. (Last) <b>BIXLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 19 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 14 1869</b>		9. AGE (In years last birthday) <b>83</b>	If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - CONDUCTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A-T-SANTAFER R.P.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WILKESBARRE PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MOSES BIXLER</b>		13b. MOTHER'S MAIDEN NAME <b>SUZANNAH FRYE</b>		14. NAME OF HUSBAND OR WIFE <b>DORAETTA BIXLER</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>709-16-9550A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DORAETTA BIXLER</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>443X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>July 10 1953</b> to <b>Aug 19 1953</b> that I last saw the deceased alive on <b>Aug 19 1953</b> and that death occurred at <b>3:50 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Lee Haynes</b>				23b. ADDRESS <b>1720</b>		23c. DATE SIGNED <b>Aug 21/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Aug. 22 1953</b>		24c. NAME OF CEMETERY (Or other place of interment) <b>D.W. Newcomer's Sons</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-22-53</b>		REGISTRAR'S SIGNATURE <b>Gualdine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b>			
				ADDRESS <b>1391 BRUSH CREEK KANSAS CITY, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Hubert A. Jones*

Licensed Embalmer No. *4927*

P. O. Address *4125 Poreo*

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.