

FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36759

State File No. \_\_\_\_\_

Registration District No. 132

Primary Registration District No. 4204

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Larado  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40  
(c) City or town Larado 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Pixler

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Pixler 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 25 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business \_\_\_\_\_

12. Name Joseph Pixler

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Annanda Barne

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Pixler

(b) Address Larado Mo.

17. (a) Burial (b) Date thereof 10-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural - Dale

18. (a) Signature of funeral director E. T. Robertson Funeral Home

(b) Address Larado Mo.

19. (a) 10/21/46 (b) Brene Gair  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 46 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from 11-1-46 to 10-19-46 1946 and that death occurred on the date and hour stated above

that I last saw him alive on 10-19-46 1946

Immediate cause of death Heart attack

Due to arteriosclerosis

Due to age

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. J. Thomas (M. D. or other) 0

Address Larado Mo. Date signed 10-21-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

115

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address. *Laredo 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.**