

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

State File No. 94

No. 300
10.48
FILED JAN 16 1950

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 2

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY BARTON	b. CITY (If outside corporate limits, write RURAL and give township) LAMAR	a. STATE MISSOURI	b. COUNTY BARTON
c. LENGTH OF STAY (In this place) 6 1/2 YRS		c. CITY (If outside corporate limits, write RURAL and give township) LAMAR	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS (If rural, give location)	

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3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) MARGARET	b. (Middle) ANN	c. (Last) BICKEL	(Month) JAN	(Day) 5	(Year) 1950
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN 16 1943		9. AGE (In years last birthday) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Santa Barbara, CALIF.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME DR. VERN T. BICKEL	13b. MOTHER'S MAIDEN NAME MARGARET BLACK	14. NAME OF HUSBAND OR WIFE XXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME DR. VERN T. BICKEL,
		ADDRESS LAMAR, MO.

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		INTERVAL BETWEEN ONSET AND DEATH 4 days May 1949 2040
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple hemorrhages		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Lymphatic Leukemia 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION clinical check done at Childrens Hospital, St. Louis, Mo.		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) m.	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 May, 1949, to Jan 5, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Vern T. Bickel	(Degree or title) M.D.	23b. ADDRESS Lamar, Mo.	23c. DATE SIGNED 1/6/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 6 1950	24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY	24d. LOCATION (City, town, or county) (State) LAMAR, MO.

DATE REC'D BY LOCAL REG. JAN 6 - 1950	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME	ADDRESS LAMAR, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN. 9 1950
District Health Office No. 6,

District File Number 150-35

Date Filed 1-9-50

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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.