No. 300
10.48

0811
5

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

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24280

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St James
c. LENGTH OF STAY (in this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Solders Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St James Mo
d. STREET ADDRESS (If rural, give location): 0811

3. NAME OF DECEASED (Type or Print)
a. (First): EDWINA.
b. (Middle): B
c. (Last): PIM

4. DATE OF DEATH (Month) (Day) (Year): 8-2-50

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 21-1871
9. AGE (In years last birthday): 78
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Horace Bixby
13b. MOTHER'S MAIDEN NAME: Mary Sheble
14. NAME OF HUSBAND OR WIFE: Louis T Pim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Harris B Ladd
ADDRESS: St James 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hours

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

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:
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* May 1, 1950, *to* ~~July~~ Aug 2 1950, *that I last saw the deceased alive on* Aug 1, 1950, *and that death occurred at* 4:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J A Stricker (Degree or title) MD
23b. ADDRESS: St James Mo
23c. DATE SIGNED: 8-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-4-50
24c. NAME OF CEMETERY OR CREMATORY: Bellefountaine Cem
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: 8-4-50
REGISTRAR'S SIGNATURE: Cora E Birmingham
25. FUNERAL DIRECTOR'S SIGNATURE: O E Lickliter
ADDRESS: St James Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-9-50
Phelps County Health Officer,
County File Number ~~550~~
Date Filed 8-11-50

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 ME, ~~Student~~ Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Orene E Lickliter

Licensed Embalmer No. 3546

P. O. Address St James 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.