

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33429**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4252**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Olathe	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 416 E. Loula St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Sherard c. (Last) Bixby			4. DATE OF DEATH (Month) (Day) (Year) October 9, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 27, 1884	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinist		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (State or foreign country) Miami County, Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Chas. S. Bixby		13b. MOTHER'S MAIDEN NAME Fannie Tenney		14. NAME OF HUSBAND OR WIFE Laura Bixby Olathe, Kans.	
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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Bixby, Olathe, Kans.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia lobar, right		INTERVAL BETWEEN ONSET AND DEATH 7 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic cardiac disease		5 yrs.	
		DUE TO (c) generalized arteriosclerosis		10 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bromide poisoning (bromo-seltzer)		4200	
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) natural		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 **10-4**, 19 **50**, to **10-9**, 19 **50**, that I last saw the deceased alive on **10-8**, 19 **50**, and that death occurred at **2A.** m., from the causes and on the date stated above.

23a. SIGNATURE John R. Whiteman MD (Degree or title)		23b. ADDRESS 6314 Brookside Plaza		23c. DATE SIGNED 10-9-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10-9-50		24c. NAME OF CEMETERY OR CREMATORY Osawatomie, Kansas		24d. LOCATION (City, town, or county) (State) Osawatomie, Kans.	
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DATE REC'D BY LOCAL REG. 10-9-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & Mc Clure K. C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING B

etc. It means the disease, injury, or complication which caused death.		the underlying cause last. DUE TO (c) Generalized Arteriosclerosis		10 yrs			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bromide poisoning					
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) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10-10-50			
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 10-9 , 19 50 , to 10-9 , 19 50 , that I last saw the deceased alive on 10-8 , 19 50 , and that death occurred at 2A. m., from the causes and on the date stated above.							
23a. SIGNATURE John R. Whiteman MD (Degree or title)		23b. ADDRESS 6314 Brookside Plaza		23c. DATE SIGNED 10-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 9, 1950		24c. NAME OF CEMETERY OR CREMATORY OSAWATOMIE, KANS		24d. LOCATION (City, town, or county) (State) OSAWATOMIE, KANS.	
DATE REC'D BY LOCAL REG. 10-9-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE - McCLURE K. C. MO			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Joseph McEnty* _____

Signed

Student Embalmer

Licensed Embalmer No. *4654*

P. O. Address *15 e md*

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.