

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29551

State File No. ....

FILED AUG 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5924 Registrar's No. 253

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dresden</u> |  | c. LENGTH OF STAY (In this place)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dresden</u>                                      |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dresden</u>   |  |
|   |  | d. STREET ADDRESS (If rural, give location)   |  |

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)   |   |  |
| a. (First) <u>CECILIA</u>  | b. (Middle) <u>CAROLINE</u>   | c. (Last) <u>BICKEL</u>   | <u>Aug. 10, 1953</u>  |   |  |
| 5. SEX <u>Fe</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 2, 1908</u>  | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months _____ Days _____    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Portage de Sioux, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <u>Fred Bargschulte</u>   | 13b. MOTHER'S MAIDEN NAME <u>Marie Echele</u> | 14. NAME OF HUSBAND OR WIFE <u>Louis A. Bickel</u>                             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u>           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis A. Bickel, Dresden, Mo.</u> |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>1 yr.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Adenocarcinoma left breast</u><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <u>170X</u>   | 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 Oct, 1952, to Aug-10, 1952, that I last saw the deceased alive on Aug-7, 1952, and that death occurred at 5:27 P. m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| 23a. SIGNATURE <u>Oliver L. Lowe</u> (Degree or title) <u>MD.</u> | 23b. ADDRESS <u>918 1/2 S Ohio Sedalia, Mo.</u> | 23c. DATE SIGNED <u>8-11-53</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>          | 24b. DATE <u>Aug. 13, 1953</u>                  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>             |
|   |   | 24d. LOCATION (City, town, or county) (State) <u>Portage de Sioux, Mo.</u> |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>8/13-1953</u> | REGISTRAR'S SIGNATURE <u>H. J. Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Beckert Sedalia, Mo.</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
800  
1

GILLESPIE & SONS

8981 9 1330  
1916 P. A. 1112 b

**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 Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.