

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8880

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

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1308

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Missouri</u>	c. LENGTH OF STAY (In this place) <u>18 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>	d. STREET ADDRESS (If rural, give location) <u>414 ARTHUR</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>414 ARTHUR</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMA</u> b. (Middle) _____ c. (Last) <u>Pixlee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-23-83</u>
9. AGE (In years) (last birthday) <u>70</u>	10. MONTHS <u>1</u>	11. DAYS <u>20</u>	12. HOURS <u>1</u>
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>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES M. HART</u>		13b. MOTHER'S MAIDEN NAME <u>SARA SUMMERS</u>	
14. NAME OF HUSBAND OR WIFE <u>Hugh H. Pixlee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Hugh H. Pixlee Liberty, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>occlusion, coronary artery</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart dis</u> <u>2 yr.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
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)		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 <u>December 1953</u> to <u>3/20</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>3/20</u> , 19 <u>54</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>James A. Jarvis MD</u>		22b. ADDRESS <u>Kansas City, Mo.</u>	
22c. DATE SIGNED <u>3/20/54</u>			
23a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		23b. DATE <u>3-28-54</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
DATE REC'D BY LOCAL REG <u>3-23-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Tyler Parley</u>		ADDRESS <u>Funeral Home Liberty, Mo.</u>	

**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 Charles F. Taylor

Licensed Embalmer No. 4554

P. O. Address LaPorte, Ind.

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.