

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022839

STATE FILE NUMBER

FILED JUN 18 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 92

Health,
Welfare
Public
Service

300
1-56
0821

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Louisiana</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Canton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u> Length of stay in 1b <u>0</u>		d. STREET ADDRESS (If outside, give location) <u>College Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>Christina</u> Last <u>Bixler</u>			4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 9, 1898</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Technician</u>		9b. AGE (In years last birthday) <u>59</u>	9c. IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.
10a. KIND OF BUSINESS OR INDUSTRY <u>Dental Office</u>		11. BIRTHPLACE (City and state or country) <u>Canton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Thomas F. Bixler</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Shanks</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>?</u>	
17. INFORMANT Address <u>Earl H. Barkley, Canton Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of breast with metastasis</u> DUE TO (c) <u>170X</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>a</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -----		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	-----		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>3/18/57</u> to <u>6/15/58</u> and last saw her <u>alive</u> on <u>6/15/58</u> Death occurred at <u>9:20P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas H. Lavelle M.D.</u>		22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>6/16/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/13/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Canton, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Earl H. Barkley, Canton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-16-58</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

AUG 14 1988

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.....
Signature of Student Embalmer

Signed *George O. Hagne*

Licensed Embalmer No. 3773

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.