

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047419

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 146

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED JAN 2 1964

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ
1 6001								
2 6001								
3								
4 0								
5 1								
6								
7 0								
8 2								
9 1532								
10								
11								
12 2-0								
13 1-0								

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
Length of stay in 1b <u>4 yrs</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>Excelsior Spgs Hosp</u>		d. STREET ADDRESS (If outside give location) <u>Montgomery motel</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWIN CURTIS PIXLEE</u>		4. DATE OF DEATH Month Day Year <u>DEC. 17 - 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 25 - 1886</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u>	
11. BIRTHPLACE (City and state or country) <u>Montgomery Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edwin C Pixlee</u>		13b. MOTHER'S MAIDEN NAME <u>Florea Harrington</u>	
14. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE <u>Virginia Pixlee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		17. INFORMANT <u>Mo. Virginia Pixlee - Excelsior Spgs, 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>Cancer (Adenocarcinoma) Left Colon Cancer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute leukemia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	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>12/28/55</u> to <u>12/17/63</u> and last saw her alive on <u>12-17-63</u> Death occurred at <u>7 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Reginald Robinson M.D.</u> (Degree or title)		22b. ADDRESS <u>Excelsior Springs, Mo</u>	
22c. DATE SIGNED <u>12-19-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Airview</u>	23d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>
24. FUNERAL DIRECTOR <u>Church-Cramer Co.</u> ADDRESS <u>Liberty Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-63</u>	26. REGISTRAR'S SIGNATURE <u>Barclay Hutchings</u>

USE BLACK INK OR TYPEWRITER RIBBON

FEE 3 1967

JAN 3 1964

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 John S. Conroy

Licensed Embalmer No. 4448

P. O. Address Liberty, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.