

No. 2
4-13-40
5-17-39
I X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28033

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 937

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

1. PLACE OF DEATH:
(a) County SUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: STATE HOSPITAL 10. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mos. 3 ds.
(Specify whether
In this community all of life 11 mo 3 ds.
years, months or days)

3. (a) PRINT FULL NAME Winfield S. Pixler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife Sarah (Borg) (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Sept 15, 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 6 If less than one day
hr. min.

9. Birthplace _____ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER
12. Name ?
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Christine Fredrick
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura E. Galloway
(b) Address Unionville, Mo.

17. (a) removal (b) Date thereof 8-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Frank J. ...

(b) Address Unionville, Mo.

19. (a) 8/24/40 (b) H. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1940 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from
Sept. 21, 1939, to Aug. 24, 1940
that I last saw him alive on _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage - hemiplegia 4 do. -

Due to Arteriosclerosis ?
Due to _____ ?

Other conditions hypertension ?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. J. O'Dell (M. D. or other) _____
Address St. Joseph Date signed 8/24/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. O. Husted

Licensed Embalmer No.

2975

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.