

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 591

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>311 N. BROADWAY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>BIXBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>MCH-25-1858</u>		9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>SAVANNAH MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>EDWARD KINLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>JOE BIXBY (DEC)</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 <u>MRS. C.E. WOLFE</u> ADDRESS <u>BRUNSWICK 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Malnutrition</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Senile Gastritis</u>		DUE TO (c) <u>Age.</u>		3 mo.	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		543X	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>C</u>		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) <u>✓</u>		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 Sept. 2, 1948, to Jan. 25, 1949, that I last saw the deceased alive on Jan. 25, 1949, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Brunswick Missouri</u>		23c. DATE SIGNED <u>1/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALLEGRA</u>	
24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO.</u>		DATE REC'D BY LOCAL REG. <u>2-4-49</u>		REGISTRAR'S SIGNATURE <u>Mildred [Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>BRUNSWICK MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 29-49.....

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.

Signed L J Marsil.....

Signed.....
Student Embalmer

Licensed Embalmer No. 873

P. O. Address Brunswick M.

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.