

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 48

6542

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		b. COUNTY <b>Lafayette</b>	
c. LENGTH OF STAY (in this place) <b>30 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>235 South 5th St.</b>		d. STREET ADDRESS (If rural, give location) <b>235 South 5th St.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>KATHERINA</b>	b. (Middle) <b>A.</b>	c. (Last) <b>BLIXT</b>	<b>May 29, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 2, 1877</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Sweden</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Anders Olson</b>	13b. MOTHER'S MAIDEN NAME <b>Justina Larsdotter</b>	14. NAME OF HUSBAND OR WIFE <b>Oscar Blixt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Oscar Blixt Lexington, Mo.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Brain</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1991</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</b>		
	DUE TO (c) <b>none</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

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) <b>no</b>	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) (Minute) m.	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 **July 1949** to **May 29, 1950** that I last saw the deceased alive on **24 May, 1950**, and that death occurred at **11:50 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>J. O. Cope M.D.</b>	(Degree or title)	23b. ADDRESS <b>Lexington Mo.</b>	23c. DATE SIGNED <b>5/29/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/31/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>

DATE REC'D BY LOCAL REG. <b>June 9, 1950</b>	REGISTRAR'S SIGNATURE <b>M. M. ...</b>	156	FUNERAL DIRECTOR'S SIGNATURE <b>James F. Temple</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 10

District Health Officer No. 8,

District File Number

Date Filed

6/14/50

Gay

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

*Geo. McKeane*

Licensed Embalmer No.

7983

P. O. Address

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