

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015314

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 171 Primary Registration District No. 3012 Registrar's No. 44

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 19 1963

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs Length of stay in Ib 4 months
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Royal Hotel Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lowell Middle L. Last Bixby 4. DATE OF DEATH Month March Day 26 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-24-1886 9. AGE (last birthday) 76 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) Ret. Banker 10b. KIND OF BUSINESS OR INDUSTRY Cashier 11. BIRTHPLACE (City and state or country) Liscomb, Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Lorenzo L. Bixby 13b. MOTHER'S MAIDEN NAME Thursa A. Hauser 14. NAME OF HUSBAND OR WIFE Hazel Bixby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Lorren Bixby, Royal Hotel, Excelsior Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Respiratory insufficiency (pulmonary) INTERVAL BETWEEN ONSET AND DEATH 12 hours
 DUE TO (b) Pulmonary edema 18 hours
 DUE TO (c) Cardiac decompensation 18 hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1) Emphysema 2) Cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour [redacted] Month, Day, Year [redacted]

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [redacted] 20f. CITY, TOWN, OR LOCATION [redacted] COUNTY [redacted] STATE [redacted]

21. I attended the deceased from March 1, 1963 to March 26, 1963 and last saw her/him alive on March 26, 1963
 Death occurred at 6:30 p.m. 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Phillip E. King M.D. 22b. ADDRESS Excelsior Springs, Mo. 22c. DATE SIGNED 4/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-27-63 23c. NAME OF CEMETERY OR CREMATORY Liscomb Cemetery 23d. LOCATION (City, town, or county) (State) Marshall town, Iowa

24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. ADDRESS Excelsior Springs, Missouri 25. DATE RECD. BY LOCAL REG. 3-27-63 26. REGISTRAR'S SIGNATURE Caroline Hutchings

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1963

Removal permit issued 3-27-63 E.H.

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 Ludell Jarman

Licensed Embalmer No. 4589
P. O. Address Excelsior Springs, 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.