

# Breast Cancer Awareness



Trisha Rehagen  
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Bev Wilson  
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Sheila Turner  
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These ladies are beacons of hope for anyone battling breast cancer. We ask that you support all breast cancer victims and their families, as together they fight the disease.

# Rehagen's determination led to win against breast cancer

BY THERESA BRANDT

Trisha Rehagen of Westphalia is one tough lady. At 38, Trisha found a lump in her left breast while she was doing a self-breast exam. She immediately called the doctor and went in for an appointment Oct. 1, 2019. A week later, she got the phone call that changed her life.

"When they call, and I cannot believe that they do this, they just say, 'by the way you have cancer,'" her husband, Jim Rehagen said. "They don't say come in and let's talk about it. It's just you have cancer ... click."

"It was quite the shock," Trisha remembers. "Don't get me wrong I cried and who wouldn't? Then I told my kids that night and we were all bawling."

"It is a life-changing event," Jim said.

"Jim and I decided at the beginning that we would deal with it one day at a time," Trisha said. "I'm not going to stop everyone's life for it, and I don't want everyone to feel sorry for me."

After the shock of the diagnosis, Trisha went to countless doctor appointments. There were ultrasounds and a mammogram, numerous biopsies, and lots of different doctors and tests. Trisha chose to go to Ellis Fischel Cancer Center in Columbia for treatment even though her initial diagnosis was made by the Jefferson City Medical Group (JCMG).

"Ellis Fischel has been awesome," Trisha said with a big smile. "They've been excellent for me and the people are so nice."

But what the doctors found was not good

news. Although the cancer was just in one breast, it had spread to the lymph nodes on her neck and it was an aggressive cancer. The doctors suggested that Trisha have chemotherapy treatments first.

"Most of the time they remove the breasts first and then do chemotherapy but with me they were afraid that if they opened me up it was going to spread all over my body," Trisha said.

Trisha started chemotherapy the week before Thanksgiving last year. Her first round of chemo was with a type called "the Red Devil." Trisha had to go in every two weeks for treatments. Before they administered chemo, they would give her a bag of steroids. The "Red Devil" is named for the fact that it is a red color as it goes into your veins. Trisha remembers sucking on popsicles and ice chips as she got her treatments to try to avoid getting sores in her mouth which is a common side effect of this type of chemotherapy.

"I was really lucky," Trisha said. "I just got a couple of sores in my mouth."

Reality hit for the family when her hair started falling out.

"I have always had long hair," Trisha said as she showed me an old picture of herself. "One day when I was taking a shower, I could feel (my hair) coming out. I clogged the drain like three times. I got out of the shower and I told my husband to shave it off."

Jim shaved off her long hair and it was not just Trisha that had trouble dealing with

it. Their youngest son, Chase, was only eight years old and he could not even look at his mom for three or four days.

"He's gotten used to it now, but it was a shock for him," Trisha said.

"It was a shock for everyone," Jim added.

After "the Red Devil," treatment, Trisha had another 12 weeks of different types of chemotherapy to endure. She would get two to three different kinds of chemo and a round of steroids before every treatment. Trisha scheduled her treatments on Thursdays so that she would have the weekends to recover.

The first couple of days after a treatment she could not sleep because of the steroids so by Sunday she was exhausted. The doctors felt like she was reacting well to the treatments although the steroids had the unwelcome side effect of helping Trisha put on an extra 40 pounds.

Weight gain was not something that Trisha was expecting. She even thought she might lose a couple of pounds with the cancer. But the doctors told her the more weight she could gain the healthier she was to fight the cancer.

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**Rehagen's determination**

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Trisha took the doctor's advice and decided to worry about the weight gain later.

"Ice cream, chocolate, you name it I was eating it," Trisha said. "I was hungry all the time, so I ate all the time."

By May 2020 Trisha was done with the chemotherapy and was ready for surgery to

remove both breasts. Although Trisha was given the option to only remove the one breast that was shown to have cancer, she took the advice of her surgeon and had both breasts removed along with 10 lymph nodes.

"They called me the day after surgery to tell me that the test results came back and the cancer was gone," Trisha said. "The chemo did its job."

Four days after this initial surgery, Trisha had to have an additional surgery to put a drain tube back in that had fallen out. Even

after this second surgery, Trisha was draining a lot of excess fluid, sometimes having to go in twice a week to have fluid drained off the one side. The surgeons could not figure out what the problem was so Trisha went into surgery a third time. But even this did not help and after several weeks, the surgeon saw signs of infection on her left side. Trisha was in surgery again. This time the surgeon removed the expander that was used to stretch out the skin to prepare it for the breast implant.

The COVID-19 pandemic complicated things for the Rehagen's because Trisha had to go through all her surgeries alone since patients were not allowed to have anyone with them at the hospital.

"I couldn't come in to a single one," Jim said. "I'd just drop her off at the front door."

Trisha started radiation treatment soon thereafter. Trisha is currently taking radiation treatments every day, except Saturday and Sunday. She is taking the radiation treatments at the Goldschmidt Cancer Center in Jefferson City to save herself driving time. So far, Trisha has been doing well with the radiation treatments.

"I've noticed I'm a little tired and my skin is starting to get a little red," she said pointing to her neck and chest.

Trisha is dealing with other treatments

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### Rehagen's determination

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and side effects as well. Since her cancer feeds off of the estrogen in her body, she has to go in every three months to get a shot in her stomach that chemically puts her into menopause, giving her all of the side effects of menopause, including hot flashes. There could very well be a hysterectomy in her future. She treats her skin with special salves and lotions to try to counter the effects of the radiation. The medicine she is on is impacting her bones so she takes pills to counteract that and is scheduled for a bone density scan in the coming weeks.

Trisha admits that her daughter has done

a lot to keep her going.

"Without her I probably couldn't keep going," Trisha said. "My oldest has helped out a lot too. I mean my kids have been there for me the whole time."

Trisha admits that it has taken a toll on her family.

"Jim keeps a lot of it inside," Trisha said. "We've been married 18 years and we do good together, but it is hard on the kids. They are seeing their mom go through this and I'm someone who has taken care of them their whole life and now they are trying to take care of me."

When asked how they are getting through all this their answer is simple.

"We didn't have a choice," Jim said.

They may not have had a choice when it came to getting cancer, but they made a choice to have a good attitude about how to deal with it.

"I'm not one to sit and cry," Trisha said. "I am a worker; I always have been. I do not want to dwell on it. I just go through it day by day. I'm not going to let it get me down."

Trisha and Jim are more than ready for things to get back to normal. After Trisha is done with her radiation treatments and has a good bone scan, she will begin talking to the surgeon about reconstruction surgery. Like every part of her cancer story, it is complicated. Since her body would not accept the expander on the left side, she will not be able to get a traditional breast implant because they are made of the same material. Her other option is to have fat sucked out of her stomach,

buttocks, and legs and have it formed into her breast on the left side.

Trisha worries that things will not go well with the reconstruction surgery. The surgery can take up to 12 hours.

"What if they can't fix me?" Trisha asked, pointing to her missing breasts.

Trisha worries about her daughter since she has a family history of breast cancer on her dad's side.

"I think about her all the time," Trisha said. "I don't want her to go through what I went through."

Trisha has this advice for all women, regardless of their age: "Breast cancer can

happen at any age," she said. "Check yourself regularly and if you feel any kind of lump get it checked out."

Trisha has talked openly about having breast cancer since the day of her diagnosis.

"I think the more you talk about it the better it makes you feel," Trisha said. "You're not keeping it all balled up inside and maybe you can help someone else deal with it."

Her philosophy on fighting breast cancer is one that you can apply to anything in life.

"Your attitude is everything," Trisha said. "If you don't have a positive attitude about everything going forward it's just going to drag you down."



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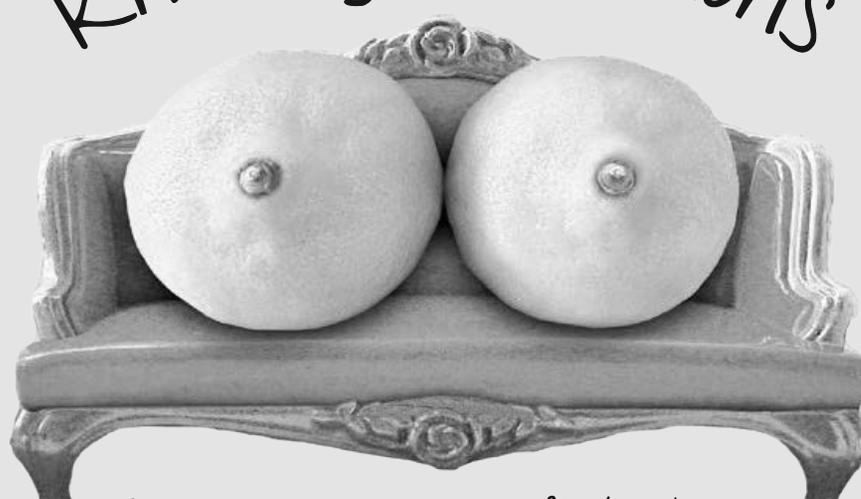
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# Wilson credits routine mammogram with breast cancer survival

BY NEAL A. JOHNSON

Bev Wilson, 55, of Linn is happy to be free of cancer for 12 years and it was a routine mammogram that spotted the trouble when it came in May of 2008.

“The doctor saw something questionable and I went back for a more precise exam and ultrasound,” said Wilson. “We did a biopsy to find out what we were dealing with.”

Breast cancer cells taken out during the biopsy were tested to see determine the type of breast cancer. In Wilson’s case, she had hormone receptor-positive cancer, which means the cancer cells contained estrogen and progesterone receptors. So, estrogen and progesterone attach to these receptors and fuel the cancer growth.

“The process went very quickly,” said Wilson, who a month after the biopsy underwent a lumpectomy to remove the cells. “Thankfully the margins around the removed lump and the lymph nodes were clear.”

She worked for several years at Capital Region Medical Center and saw firsthand the power of positivity. “I was scared but tried to maintain a positive outlook because it means much more to your recovery,” Wilson said. “My husband, Tim, was very supportive and just said we’d get through it. He was right, and my entire family came together to help. It was all the support you could ever need or ask for, and there were a lot of prayers.”

Following the successful surgery, Wilson had radiation treatment for 30 days.

“They said it would make me very tired; but, I only missed a couple of days after surgery,” said Wilson, who is currently employed by the Missouri Department of Transportation & Missouri State Highway Patrol Employees’ Retirement System. “I went back to work and didn’t have any of the problems I was told to expect. I am very grateful to work with such great people who had my back.”

As the mother of three daughters, Wilson was particularly concerned about the genetics of this cancer and whether it was genetic and it could be passed along to them.

As such, the cells were tested to determine the nature of the “BREast CANCER” (BRCA) gene.

BRCA1 and BRCA2 are two different genes that have been found to impact a person’s chances of developing breast cancer, according to the National Breast Cancer Foundation. Every human has both the BRCA1 and BRCA2 genes. Despite what their names might suggest, BRCA genes do not cause breast cancer. In fact, these genes normally play a big role in preventing breast cancer. They help repair DNA breaks that can lead to cancer and the uncontrolled growth of tumors. Because of this, the BRCA genes are known as tumor suppressor genes.

However, in some people, these tumor suppression genes do not work properly. When a gene becomes altered or broken, it

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## Wilson credits routine mammogram

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doesn't function correctly in what is called a gene mutation.

Despite some family history of breast cancer, Wilson was in the clear.

"On my dad's side, an aunt and cousin had different types of breast cancer so that didn't contribute to my situation," said Wilson.

According to testing, Wilson is not a carrier, so her daughters are safe from the type of breast cancer with which she was afflicted.

"It's a huge comfort to know I wouldn't passed this on to them," said Wilson.

According to her doctor, Wilson said this particular type of cancer isn't likely to return.

"I got a clean bill of health and I'm not worried about it," she said. "This isn't something that should drive my life. I'm not going to worry until there's something to worry about."

During the ordeal, she said her positive attitude rubbed off on the rest of the family. "They fed off it, and that really helped," Wilson said.

Even in 2008, the medical field had made strides in defeating breast cancer, and since Wilson successfully won her battle, there has been even more success.

Breast cancer death rates declined 40% among women from 1989 to 2016, National Breast Cancer Foundation data shows, with progress attributed to improvements in early

detection.

"I truly believe that early detection made a difference in my situation," said Wilson. "It's important to be as aware as possible. Do self-exams, get routine mammograms, and stay positive. I have a mammogram every year, and every woman should have it done. Treatment has improved a lot since I went through it and has become less invasive."

Information is readily available to anyone who wants it, she added. "Read the literature and talk to your doctor," Wilson said. "There are a lot of positive stories out there. Breast cancer is not an automatic death sentence."

For women who are dealing with breast cancer, Wilson said that in addition to maintaining a positive outlook, it's important to consider two things.

"First, I believe prayer is very important, and second, find someone to talk to," said Wilson. "Sometimes, it's just a matter of telling someone how you feel, and there are support groups and hotlines if you don't want to talk to someone close to you. There's a lot of help out there."

Wilson also believes in supporting efforts like the Relay for Life, which raises funds for cancer research. "We should all support these efforts," she said. "You never know. It could be you or a family member that needs help."



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# Turner refused to allow fear to control her in fight against breast cancer

BY NEAL A. JOHNSON

Sheila Turner, 52, of Linn, felt the raw fear she believes most women feel upon learning they have breast cancer, but that didn't last long.

"I told myself I wouldn't let it get me," said Turner, who was diagnosed Oct. 31, 2018, a year after the previous mammogram, which showed no issues. "I believed it was important to remain positive. I feel like I kicked its ass, and I hope it stays that way."

Turner had always believed in the importance of self-testing and yearly mammograms though there is no history of breast cancer in her family. It was during a mammogram that doctors found what turned out to be the first of two types of breast cancer.

"The cancer cells were pretty small," said Sheila. "I didn't feel a lump or anything like that. They only found it because of the mammogram."



Fortunately, a biopsy showed that her lymph nodes were free of the disease, which meant all Turner needed was a lumpectomy. Her oncologist, Dr. Hopkins at JCMG, identified her cells as invasive ductile cancer, which is relatively common among those with breast cancer.

After the lumpectomy was performed, a test of the cancer cells was conducted and the pathology report identified a second type of cancer, which is undetectable to any kind of medical imagery test.

"This was invasive lobular cancer, and when they told me that, there wasn't even a doubt about what I would do," Turner said.

Doctors had discussed with her the necessity for a mastectomy, but when Turner learned of the second danger, she decided to have a double mastectomy.

"They told me there was a 20 to 25 percent chance the cancer could go to the other breast, so I told them to just take them both," Turner said.

"The risk was too high, and I didn't want to spend time worrying about whether the cancer had spread to the breast or some other part of my body. They took them off and the cancer went away."

The initial consultation with her doctor was surreal. "It's hard to explain, but I remember feeling like I was watching this happen to someone else," said Turner. "It was like a dream, and I was hearing what the doctor was telling me, but I wasn't really hearing it at the same time."

She was told on a Friday about the cancer and was advised to decide on her doctors and surgeons by the following Monday. "My friends suggested I go to St. Louis or Kansas City, but I didn't want to do this away from home," Turner said. "I wanted to stay close and I'm glad I did. There are some awesome doctors in this area that can take care of you. Dr. Hopkins was amazing."

It wasn't long before she knew it was time to tell her family. "J took it pretty hard," Turner said of her husband. "His dad passed away from cancer two months after he was diagnosed."

His illness turned out to have begun as breast cancer before moving to the bones. "It hit him quickly and was difficult for the entire family," said Turner. "J's mind went to the possibility that the same thing would happen to me."

Turner's mind ran in a different direction. "I was thinking about my grandson, and whether I would be alive to see his next birthday," she said. "The fear can be overwhelming, especially when you don't have much going on and your mind wanders. The kids took it hard when I told them, and they cried a bit and they were scared, of course, but we all pulled together to fight this."

Turner said she's never been much for social media or sharing her personal life with strangers, but felt it was necessary to tell her extended family and friends about the situation. "I didn't want me to tell anyone, but the truth is, I needed support," said Turner. "I needed to talk to someone about it, and that really helped. My friends and family have been great."

Turner has been the manager at The Ability Center in Linn, which is part of Osage County Community Living, for nearly 11 years, and said support from co-workers has been tremendous.

"I only missed six weeks of work following the surgery, and days when I had to get chemo treatments," said Turner. "Everyone has been very understanding and supportive."

Chemotherapy treatments went on for several months, but fortunately, Turner did not need radiation.

She decided to undergo reconstructive surgery, which was accomplished through implants. "I decided that as a relatively young woman, I wanted to have breasts again, and I wasn't comfortable without them," said Turner. "There are a lot of women who don't want reconstruction and that's fine. It's a personal choice, but I also think it's important that women talk to their partner and get their opinion. J was on board with my decision."

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**Turner refuses to let fear control her**

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The last small surgery was performed just two weeks ago by Dr. Steffen at JCMG. “He’s a great young doctor and really knows what he’s doing,” said Turner. “I’d recommend him to anyone.”

All in all, Turner said she feels lucky to have been diagnosed with breast cancer. “There are a lot of people who have cancer in other parts of their body and it’s not always something doctors can just perform surgery on and get rid of,” she said.

There still exists a chance that cancer could return but Turner said she’s not focused on that. “I’m living my life the way I did before I was diagnosed,” she said. “I can’t allow myself to worry about what might happen.”

That doesn’t mean she’s not still mindful of the possibility, performing self-exams every month and having CT scans done.

Turner added that men need to be just as aware that breast cancer can strike them. “This is not limited to women,” she said. “Be aware of changes in your body and have regular checkups. It’s very important and could be the difference between life and death.”

**The vital role of a cancer support network**

The moment a person is diagnosed with cancer can elicit a variety of emotions. Fear of what’s to come is a common reaction to such a diagnosis, and some people may feel alone upon learning they have cancer. But no cancer patient should face their diagnosis and treatment alone. In fact, a strong support network can be vital to patients’ recoveries.

According to Weill Cornell Medicine, recent changes in the healthcare industry have shifted the burden of care from the hospital to the home. That underscores the importance of a strong support network. Many of the challenges cancer patients face in the months after diagnosis will be new, and patients can expect a range of emotions. According to Breast Cancer Now, a charitable organization that funds one-third of breast cancer research in the United Kingdom, women may experience emotions such as shock, anger, disbelief, anxiety, and sadness after being diagnosed with breast cancer. Having loved ones there to help them make sense of those emotions and stay positive as they navigate their way through the treatment process is essential.

In addition to providing emotional support, loved ones of breast cancer patients may need to take on additional roles as they help their friends or family members face the challenges that lay ahead. Because of the industry changes noted by Weill Cornell Medicine, cancer caregivers and support networks may need to prepare themselves to take on the following roles, each of which is vital to cancer patients’ survival.

- Monitor the disease: Support networks may need to keep track of how their loved ones’ disease is progressing and if there are any complications from treatment.

- Manage symptoms: Breastcancer.org notes that treatment causes severe side effects in many women. Such side effects may include nausea/vomiting, diarrhea, constipation, pain, arm swelling, shortness of breath, and skin irritation. Thankfully, most of these side effects can be treated. In addition, Breastcancer.org notes that most side effects ease up after treatment is completed. In the meantime, support networks may need to help patients manage those symptoms, performing a host of tasks to make their loved ones’ lives easier. For example, patients experiencing shortness of breath may be incapable of performing chores around the house. In such instances, members of a support network can tackle those chores until their loved one bounces back.

- Administer medication: Breast cancer patients may be too overwhelmed to handle their own medications, so support networks can take over this important responsibility for them.

- Assist with personal care: Some patients may experience fatigue after treatment. In such instances, support networks can help patients maintain their personal hygiene.

Support networks can be vital to helping cancer patients overcome their disease and navigate their way through successful treatment regimens.



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