

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20311

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 15

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Moniteau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fortuna | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fortuna | |
| c. LENGTH OF STAY (in this place) Lifetime | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

| | | | | |
|-------------------------------------|-----------------------|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Ely | b. (Middle) Morris | c. (Last) Paxton | 4. DATE OF DEATH (Month) (Day) (Year) June 12, 1949 |
|-------------------------------------|-----------------------|---------------------------|-------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 15, 1875 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 0 Days 27 | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|

| | | | |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Ofindley Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|---|--|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME Henry Paxton | 13b. MOTHER'S MAIDEN NAME Mariah Leader | 14. NAME OF HUSBAND OR WIFE Alpha Ira Paxton |
|--|--|---|

| | | |
|--|-------------------------------------|---|
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Alpha Paxton ADDRESS Fortuna, Mo. |
|--|-------------------------------------|---|

| | | | |
|---|---|--|---|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH 410X |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated. | | |
| | DUE TO (c) Rheumatic fever (Childhood) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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) | 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 June 8, 1949, to June 12, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 11 P.M., from the causes and on the date stated above.

| | | |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) Dr. D. L. Hubbert D.O. - 1 | 23b. ADDRESS Tipton, Mo. | 23c. DATE SIGNED 6-14-49 |
|--|---------------------------------|---------------------------------|

| | | | |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 15-49 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Mariah | 24d. LOCATION (City, town, or county) (State) Moniteau Co. Mo. |
|---|-----------------------------|--|---|

| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. 6-15-1949 | REGISTRAR'S SIGNATURE Mrs. Maude Hudson | 25. FUNERAL DIRECTOR'S SIGNATURE H. T. Bushnell ADDRESS Versailles, Mo. |
|---|--|---|

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

68
0
7

District File Number
District Health Officer No. 91
RECEIVED JUN 27 1949

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 *H. T. Radwell*

Licensed Embalmer No. *1596*

P. O. Address *Wesleyville, 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.