

No. 300  
-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8499  
Registrar's No. 72

Registration District No. 137

Primary Registration District No. 5510

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town near Deepwater Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Fairview Top 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 6 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Deepwater MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ira James Paxton  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1948 hour 6 minute 30 P.M.  
21. I hereby certify that I attended the deceased from at home, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on March 16, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Willa Paxton  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 22 1923  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
Due to Patient died on way to hospital.

8. AGE: Years 74 Months 8 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 94X  
Of autopsy \_\_\_\_\_

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

11. Industry or business \_\_\_\_\_  
12. Name Hugh Paxton  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Babbs  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willa Paxton  
(b) Address Deepwater MO  
17. (a) Burial (b) Date thereof 3-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Deans Chapel

23. Signature Dr CR Townsend (M.D. or other) DO  
Address Deepwater MO Date signed 3-17-48

18. (a) Signature of funeral director Jam Hunt  
(b) Address Deepwater MO  
19. (a) 3-18-48 (b) R R Kenny  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-48-266

Date Filed 3-22-48

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Pam Hunt*

Licensed Embalmer No. 2782

P. O. Address

*Deepwater 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.