FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 31 1948
Registration District No. 33

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25656
Primary Registration District No. 3010
Registrar's No. 269

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Steele 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Edward Axley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Sallie Wise
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 16th (Day) 1872 (Year)

8. AGE: Years 76 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Villa Ridge (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Insurance Agent
11. Industry or business Mo. Mutual Ins. Co. Springfield Mo.
FATHER
12. Name Don't Know 4
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Don't Know 4
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Sallie Axley
(b) Address Steele, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale Cemt. Commerce, Mo.
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 8-28-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 17th year 1948 hour 8 minute 50 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on 8-16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	2 days
Due to (Hypostatic)	
Due to Prostatic Surgery for Prostatic Hypertrophy	37 a
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Benign Prostatic Hypertrophy	
Of autopsy none	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work (e) Means of injury
23. Signature D. L. Burbaugh 0 (M. D. or other) M.D.
Address 801a Broadway Date signed 8-27-48
Cape Girardeau

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 848-10

Date Filed 8-30-4

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 William Lee Tomme

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.