

FILED APR 16 1949

## STANDARD CERTIFICATE OF DEATH

State File No. ....

12449

1305

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		c. LENGTH OF STAY (in this place) <u>1 Wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit, Missouri</u>		/	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Krestwoods-2700 Tracy</u>				d. STREET ADDRESS (If rural, give location) <u>417 So. Market</u>		/	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Maria</u> c. (Last) <u>Haxton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>20</u> <u>1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 23, 1873</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Holmes County Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jacob Bigler</u>		13b. MOTHER'S MAIDEN NAME <u>Anna --</u>		14. NAME OF HUSBAND OR WIFE <u>M. J. Haxton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jerry Haxton-1300 E. 36th K.C. MO</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia - Nephrosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 mon.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>12 yrs.</u> DUE TO (c) <u>Carcinoma of stomach</u> <u>9 mon.</u> 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 <u>None.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>		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) m.		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 <u>Oct 19, 1948</u> , to <u>May 20, 1949</u> , that I last saw the deceased alive on <u>May 19, 1949</u> , and that death occurred at <u>6:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Bennett</u> (Degree or title) <u>O.M.D.</u>				23b. ADDRESS <u>822 Argyle Bldg.</u>		23c. DATE SIGNED <u>March 21, 49</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>3-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit,</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Longford Lee's Summit, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. *2433*

P. O. Address *See Envelope*

**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.