

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19252

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 3021 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Lundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2503 Princeton Rd</u>		d. STREET ADDRESS (If rural, give location) <u>2503 Princeton Rd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MATTIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>AXTELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1949</u>
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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>Sept 17, 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lundy Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James C. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Wadon Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence D. Axtell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva McCollom</u>	ADDRESS <u>Trenton Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hanging</u> DUE TO (c) <u>Insanity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E074X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Trenton Lundy MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-6-1949 4^{PM}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-7-1949, to as coroner, that I last saw the deceased alive on 6-7-1949, and that death occurred at 4^{PM} m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Wilson</u>	(Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>6-7-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rural Dale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lundy Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>6/7/1949</u>	REGISTRAR'S SIGNATURE <u>Jesse Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>	ADDRESS <u>Trenton, Mo</u>
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(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Winifred S. Taff

Student Embalmer No. 239

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.