

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32151**

318

1003

Registrar's No. **8614**

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8614	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Clinton		d. STREET ADDRESS (If rural, give location) N.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Burt		b. (Middle) _____		c. (Last) Saxton		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1949	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 23, 1887	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Pryor Berg, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Saxton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nettie Saxton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Parrott 816 North 17th St.			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Thyroid Gland with Metastases INTERVAL BETWEEN ONSET AND DEATH Undet. ANTECEDENT CAUSES DUE TO (b) Undetermined <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 55			
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? 194X			
22. I hereby certify that I attended the deceased from 8-29 , 19 49 , to 10-5 , 19 49 , that I last saw the deceased alive on 10-5 , 19 49 , and that death occurred, at 5:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Montague Lawrence M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 10-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-7-49		24c. NAME OF CEMETERY OR CREMATORY Arlington Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Kentucky	
DATE REC'D BY LOCAL REG. OCT 6 1949		REGISTRAR'S SIGNATURE J. B. Pascoe		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce		ADDRESS 1221 N. Grand	

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 Clarence Creamer

Licensed Embalmer No. 4755

P. O. Address 1227 Grand

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.