

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32662

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Salt Fork Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Salt Fork Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 miles S.W. Napton, Mo. R.#2</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles S.W. of Napton, Mo. R.# 2</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Emily</u>	b. (Middle) <u>Almira</u>	c. (Last) <u>Axton Hinton</u>	(Month) <u>August</u>	(Day) <u>16</u>	(Year) <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>June 29-1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</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>Kept House</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Enoch Axton</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Price</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Enoch Hinton,</u>	ADDRESS <u>Napton, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4200</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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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 _____
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22. I hereby certify that I attended the deceased from June 19 48 to Aug. 16, 1949, that I last saw the deceased alive on Aug. 14, 19 49, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Reid M.D.</u>	23b. ADDRESS <u>Marshall, Missouri</u>	23c. DATE SIGNED <u>Aug. 17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 17-1949</u>	REGISTRAR'S SIGNATURE <u>Sidney J Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Surrency</u>	ADDRESS <u>Marshall, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 22

District Health Officer No. 8,

District File Number _____

Date Filed 9-17-49

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 J. Leslie Sussung

Licensed Embalmer No. 3235

P. O. Address Marshall

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.