

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1322

334

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 46 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 4268 Clark Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) Darling		c. (Last) Paxson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 18, 1869		
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mason Darling			13b. MOTHER'S MAIDEN NAME Julia Ann Elliott			14. NAME OF HUSBAND OR WIFE Edward L. Paxson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Edna Marie Paxson, 4268 Clark Ave.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left hip & left ankle ANTECEDENT CAUSES Cerebral thromboses Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post operative for fracture of hip DUE TO (c) Arterial hypertension many years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7 days 5 day	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Fracture neck femur - left. E9030 by Dr. H. Lewis Hess						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Jan 14 1950 9:00 p.m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? at home on floor fell on hip 123						
22. I hereby certify that I attended the deceased from Jan 18, 1950 , and that death occurred at 4579 76 , to Jan 18, 1950 , that I last saw the deceased alive on Jan 18, 1950 , and that death occurred at A. m. , from the causes and on the date stated above.							23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. SIGNATURE Herbert Tutthill M.D. (Degree or title)				23b. ADDRESS 1211 Realty Bldg		23c. DATE SIGNED Jan 21-1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-23-50		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 1-23-50		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Missouri				

(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.

Student
Student Embalmer

Signed *Emu C. Wadeler*

Licensed Embalmer No. 3495

P. O. Address Kansas City

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.