

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7326

State File No.

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4506 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Essex</u>	c. LENGTH OF STAY (in this place) <u>62 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Essex</u> <u>1030</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>James</u> c. (Last) <u>Axton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1950</u>
---	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 29, 1876</u>	9. AGE (In years last birthday) <u>73</u> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>New Harmony, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>Enoch J. Axton</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Halt</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe Parrott Essex, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4203</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</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.			

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)
--	--	---

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 Feb 1, 1950, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. New Mrs. U</u>	23b. ADDRESS <u>Essex Mo.</u>	23c. DATE SIGNED <u>Feb 20 50</u>
--	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Mar. 2-50</u>	REGISTRAR'S SIGNATURE <u>Rose Webster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>
--	--	---

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

036
1

RECEIVED MAR 6 195
District Health Office No.
District File Number 250-18
Date Filed

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

Raymond L. Duffie

Student Embalmer No. *361*

working under my personal supervision.

Student *Raymond L. Duffie*
Student Embalmer

Signed

Walter Marsh Watkins

Licensed Embalmer No. *4717*

P. O. Address *Dexter, Mo.*

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.