No. 300
10.46

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

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13192

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1746

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 19 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MENORAH HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 38 EAST 68TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): Norman
b. (Middle): F
c. (Last): Paxton

4. DATE OF DEATH (Month) (Day) (Year): 4 13 50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 3, 1901
9. AGE (In years last birthday): 48 — 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): ASSNT CONTROLLER + AUT. SEC. EASTERN PANHANDLE PIPELINE
10b. KIND OF BUSINESS OR INDUSTRY: PIPELINE
11. BIRTHPLACE (State or foreign country): HURON, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. L. PAXTON
13b. MOTHER'S MAIDEN NAME: KATHERINE CONLEY
14. NAME OF HUSBAND OR WIFE: KATHRYN EBERT PAXTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-09-0887
17. INFORMANT'S SIGNATURE OR NAME: Mrs Kathryn Ebert Paxton — ADDRESS: 38-E-68th K.C. Mo.

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) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Acute Coronary Thrombosis c Infarction — and 7 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11, 19 50, *to* 4-13, 19 50, *that I last saw the deceased alive on* 4-13, 19 50, *and that death occurred at* 2:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. M. Shapiro (Degree or title): L. M. Shapiro MD
23b. ADDRESS: 628 Prof. Bldg
23c. DATE SIGNED: 4-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APRIL 15, 1950
24c. NAME OF CEMETERY OR CREMATORY: HURON
24d. LOCATION (City, town, or county) (State): SANDUSKY OHIO

DATE REC'D BY LOCAL REG.: 4-14-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. M. Newcomer Sons — **ADDRESS**: 1331 Bank Crest K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Davis

Licensed Embalmer No. 4453

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.