

No. 300
10-48

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41172

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give rural name) OR TOWN Rural Washington Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3868	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile West 71 & Blue River RD		d. STREET ADDRESS (If rural, give location) 304 East 70th Terr.	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) F.	c. (Last) Pexton	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 22 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 15, 1931	9. AGE (In years last birthday) 19 19	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	--	---------------------------------------	--	------------------------	-----------------------	----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri University, Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
--	-----------------------------------	--	---

13a. FATHER'S NAME Frank Pexton	13b. MOTHER'S MAIDEN NAME Louise Sturdy	14. NAME OF HUSBAND OR WIFE None
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Pexton	ADDRESS 304 East 70 Terr.
---	-------------------------------------	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8992A
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide poisoning		
	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 Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bedroom	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. P. ...	23b. ADDRESS 2050 Broadway, B.C. 2nd	23c. DATE SIGNED 12-22-50
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/23/50	24c. NAME OF CEMETERY OR CREMATORY Mt Moriah	24d. LOCATION (City, town, or county) (State) Jackson County Mo.
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. 12/23/50	REGISTRAR'S SIGNATURE Dr. Anne B. Hedger	25. FUNERAL DIRECTOR'S SIGNATURE France Wornall	ADDRESS 7806 Wornall rd. K. C. MO.
--	---	--	---

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

JAN 5 RECD

FEB 10 1954

31

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Forest D. Goldenow*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.