

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1324  
Registrar's No. 322

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1742

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

1. PLACE OF DEATH a. COUNTY <u>Andrew</u> <u>nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>AMAZONIA</u>	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Frances</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLARA</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>PAXTON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>1. 24-1951</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-4-1907</u>	9. AGE (In years last birthday) <u>43</u>	10 UNDER 1 YEAR Months <u>3</u> Days <u>28</u>	11 UNDER 1 HR. Hours <u></u> Min. <u></u>
-----------------	---------------------------	--	----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Laurnee Kans 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	---	--

13a. FATHER'S NAME <u>David Weaver</u>	13b. MOTHER'S MAIDEN NAME <u>Rosie L. Dabolt</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Paxton</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>493-26-044</u>	17. INFORMANT'S SIGNATURE OR NAME (Do not address) <u>Mrs. Rosie Weaver</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Child birth</u> DUE TO (c) <u>fall</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maryville Andrew Mo.</u>
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Jan, 1951, to Jan 24, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. P. H. Kelly M.D.</u>	23b. ADDRESS <u>Savannah, Mo.</u>	23c. DATE SIGNED <u>1-25-51</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AMAZONIA</u>	24d. LOCATION (City, town, or county) (State) <u>AMAZONIA Mo</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2.3-51</u>	REGISTRAR'S SIGNATURE <u>Gess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit</u>	ADDRESS <u>Funeral Home SA</u>
--	--	---	--------------------------------



**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.

Signed E. C. Breit.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2650.....

P. O. Address Savannah 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.