

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3445

1972

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 23

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Saline  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br>Missouri b. COUNTY<br>Saline |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>Marshall, Mo. |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>Marshall                                    |  |
| c. LENGTH OF STAY (In this place)<br>4 years  |  | 1972  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>703 East Gordon St.                                      |  | d. STREET ADDRESS (If rural, give location)<br>703 East Gordon  |  |

|  |                      |                       |                     |  |
|--|----------------------|-----------------------|---------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First)<br>Thomas | b. (Middle)<br>Marvin | c. (Last)<br>Laxson | 4. DATE OF DEATH (Month) (Day) (Year)<br>January 30-1951 |
|--|----------------------|-----------------------|---------------------|--|

|                |                           |   |                                  |                                       |                                |                                |                                   |
|----------------|---------------------------|---|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| 5. SEX<br>Male | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>April 1-1881 | 9. AGE (In years last birthday)<br>69 | IF UNDER 1 YEAR<br>Months<br>9 | IF UNDER 24 HRS.<br>Days<br>10 | IF UNDER 24 HRS.<br>Hours<br>Min. |
|----------------|---------------------------|---|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|-----------------------------------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farming | 10b. KIND OF BUSINESS OR INDUSTRY<br>Rented Farm | 11. BIRTHPLACE (State or foreign country)<br>Hardeman, Missouri | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|--|--|---|--|

|                                     |  |   |
|-------------------------------------|--|---|
| 13a. FATHER'S NAME<br>George Laxson | 13b. MOTHER'S MAIDEN NAME<br>Fannie Murphy | 14. NAME OF HUSBAND OR WIFE<br>Nellie Parker Laxson |
|-------------------------------------|--|---|

|   |                                 |  |                          |
|---|---------------------------------|--|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No. | 16. SOCIAL SECURITY NO.<br>None | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. Thomas M. Laxson-Marshall, Mo. | ADDRESS<br>Marshall, Mo. |
|---|---------------------------------|--|--------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Carcinoma</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>5yr</u>                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Sclerosis</u> |  |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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) | 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 19, 1945, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 8:15 Am., (from the causes and on the date stated above).

|   |                   |                                      |                                       |
|---|-------------------|--------------------------------------|---------------------------------------|
| 23a. SIGNATURE<br><u>W. H. King, M.D.</u> | (Degree or title) | 23b. ADDRESS<br><u>Marshall, Mo.</u> | 23c. DATE SIGNED<br><u>Jan 30, 51</u> |
|---|-------------------|--------------------------------------|---------------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u> | 24b. DATE<br><u>2/1/51</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ridge Park Cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Marshall, Mo.</u> |
|--|----------------------------|--|---|

|   |  |     |   |                            |
|---|--|-----|---|----------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Jan. 31-1951</u> | REGISTRAR'S SIGNATURE<br><u>Sidney J. Gray</u> | 335 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. Leslie Hays</u> | ADDRESS<br><u>Marshall</u> |
|---|--|-----|---|----------------------------|

RECEIVED 2-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-5-51

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 *J. Leslie Swenson*  
Licensed Embalmer No. 232350

P. O. Address *Marshall*

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.