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

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9076

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3029		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		c. LENGTH OF STAY (In this place) 43		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) N.		c. (Last) Axley		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH May 22, 1878	
9. AGE (In years last birthday) 72		10. MONTHS 9		11. BIRTHPLACE (State or foreign country) Monroe Co., ILL.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Axley		13b. MOTHER'S MAIDEN NAME Eunice Euman		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Axley Crystal City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		4201	
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 8/16, 1950, to 3/31, 1951, that I last saw the deceased alive on 3/27, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE B. Baerger DMR (Degree or title)				23b. ADDRESS 28th St, Mo		23c. DATE SIGNED 3/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Miles Vault Cem. Valmeyer		24d. LOCATION (City, town, or county) (State) ILL.	
DATE REC'D BY LOCAL REG. 3/31/51		REGISTRAR'S SIGNATURE Cleoanthorine P. Gentry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. L. Pelitte Crystal City, Mo.			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 4-6-51

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 _____

Eleanor Poirier

Signed
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Festus, 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.