

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11719**

FILED MAY 11 1951

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Mill Spring	
c. LENGTH OF STAY (In this place) 3 hrs.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution) give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) WAYNE c. (Last) LAXTON			4. DATE OF DEATH (Month) (Day) (Year) Apr. 19 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH DEC. 12, 1949		9. AGE (In years last birthday) 1 # weeks 4 # days 7		11. BIRTHPLACE (State or foreign country) Mill Spring, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓			10b. KIND OF BUSINESS OR INDUSTRY ✓		
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME LAWRENCE LAXTON		13b. MOTHER'S MAIDEN NAME Georgia Barron		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Lawrence Laxton	
				ADDRESS Mill Spring	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns (by fire) 3rd degree covering entire body.			INTERVAL BETWEEN ONSET AND DEATH 6 hours.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none			
		DUE TO (c) none.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.			

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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mill Springs Wayne	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 18 51 6:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? mother started fire to Kerosene.	

22. I hereby certify that I attended the deceased from **4-18**, 1951, to **4-19**, 1951, that I last saw the deceased alive on **4-17**, 1951, and that death occurred at **12:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. M. Acanley		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 4-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr. 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Clay Cemetery	
24d. LOCATION (City, town, or county) (State) LEPER Mo.		25. FUNERAL DIRECTOR'S SIGNATURE M. W. Lisk		ADDRESS Piedmont, Mo.	
DATE REC'D BY LOCAL REG. April 30, 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		428	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

120
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RECEIVED

MAY 9 - 1951
BUTLER CO. HEALTH CENTER
FILE NO. 651-198

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Herwin E. Bowler*

Licensed Embalmer No. *21426*

P. O. Address *Died not res*

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.

M