

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0430  
State File No. 25951

FILED JUL 16 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>Center Over 2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland-Rural-Wheatland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunderwith Conv. Home</u>				d. STREET ADDRESS (If rural, give location) <u>322 N. Cedar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>PAXTON</u> c. (Last) <u>PAXTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-51</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 24 - 1866</u>		9. AGE (In years last birthday) <u>1984</u>	Months <u>10</u>	Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hugh Paxton</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Walker</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of foot</u>		II. OTHER SIGNIFICANT CONDITIONS					<u>3 mo<sup>2</sup></u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					<u>4 mo<sup>2</sup></u>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Infected toe</u>					
		DUE TO (c) _____					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION _____				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) _____			
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 <u>May 1, 1951</u> , to <u>June 11, 1951</u> , that I last saw the deceased alive on <u>June 11, 1951</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Newton</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Nevada MO</u>		23c. DATE SIGNED <u>6-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (By City) <u>Burial</u>		24b. DATE <u>July 15 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, MO</u>		
DATE REC'D BY LOCAL REG. <u>7-5-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilbert Hathaway</u>		ADDRESS <u>Wheatland, MO</u>	

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

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P.L.F

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

JUL 9

Dist. File

Date Filed

227-2288

2-13-34

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.

Student .....  
Student Embalmer

Signed *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md*

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.