

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30086**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4218</b>		Registrar's No. <b>511</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <b>Henry</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Johnson</b>	
c. LENGTH OF STAY (in this place) <b>one hour</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Leeton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0570</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>GEORGE</b>	b. (Middle) <b>H</b>	c. (Last) <b>PAXTON</b>	(Month) <b>Sept.</b>	(Day) <b>30</b>	(Year) <b>1951</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>
8. DATE OF BIRTH <b>Jan. 8, 1876</b>		9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Henry County Mo</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Henry County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Paxton</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Lambert</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J.B. Paxton</b>			
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) <b>Severe Anemia</b>		II. OTHER SIGNIFICANT CONDITIONS* <b>Cancer of Intestine</b>				mo's. <b>yr.</b>	
*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 <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
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) <b>153X</b>		(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 <b>June 19 51</b> , to <b>Sept 30, 19 51</b> , that I last saw the deceased alive on <b>Sept. 30, 1951</b> , and that death occurred at <b>7:25 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Claude M. Shurber M.D.</b>				23b. ADDRESS <b>114 N Main Windsor Mo</b>		23c. DATE SIGNED <b>10/2/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-2-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
DATE RECD BY LOCAL REG. <b>Oct 2-51</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		425 25. FUNERAL DIRECTOR'S SIGNATURE <b>Haston Turner</b>		ADDRESS <b>Windsor, Mo.</b>	

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

RECEIVED 10-8-57

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 10-9-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Me

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.