

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25053

State File No.

FILED JUL 17 1952

BIRTH NO.		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon 0611</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eagle 0610</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. Macon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u> b. (Middle) <u>Thaxton</u> c. (Last) <u>Thaxton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 24, 1875</u>	
9. AGE (In years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Benson Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Hammontré Macon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Ruptured Gall Bladder</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cholecystitis</u>					
		DUE TO (c) <u>Cholelithiasis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>					
19a. DATE OF OPERATION <u>7/7/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated gall Bladder + Bile Peritonitis</u>				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)			
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>7/4</u> , 19 <u>52</u> , to <u>7/8</u> , 19 <u>52</u> that I last saw the deceased alive on <u>7/8</u> , 19 <u>52</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>July 9, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cash Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/12/52</u>		REGISTRAR'S SIGNATURE <u>Luth Mcneely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Sutton</u>		ADDRESS <u>Macon, Mo.</u>	

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

RECEIVED 7.14.02
MASON COUNTY HEALTH DEPARTMENT
County File No. 7-52-114
Date Filed 7.16.02

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 Charles L. Tutton

Licensed Embalmer No. 4577

P. O. Address Mason, 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.