

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7284

State File No.

FILED FEB 18 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>ST. Francis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLAT River</u>		c. LENGTH OF STAY (in this place) <u>10 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cornwall, Missouri</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			d. STREET ADDRESS (If rural, give location) <u>0620</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARY Jane</u>	b. (Middle) <u>Buxton</u>	c. (Last)	(Month) <u>Feb.</u>	(Day) <u>5-</u>	(Year) <u>1953</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>MAY 10-1857</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u> Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid 20yrs.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Birmingham - Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Waldrip</u>	14. NAME OF HUSBAND OR WIFE <u>W.A. Buxton - deceased</u>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.O. Buxton</u>	ADDRESS <u>FLAT River, Mo</u>
---	--	---	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>			

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)
--	--	---

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 2-5-1953, to 2-5-1953, that I last saw the deceased alive on 2-5-1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dymon H Taylor MD</u>	23b. ADDRESS <u>Flat River, Mo</u>	23c. DATE SIGNED <u>2-6-53</u>
--	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 7-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Snowdenville</u>	24d. LOCATION (City, town, or county) (State) <u>Cornwall - Mo.</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Feb. 6, 1953</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adams on Webb</u>	ADDRESS <u>Fredericktown Mo.</u>
---	---	--	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.