

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>	c. LENGTH OF STAY (In this place) <u>30 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Fork Twn.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>North West 3 1/2 Mi. of Nelson, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Walker</u> c. (Last) <u>Buxton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 19-1869</u>	9. AGE (In years last birthday): 84 <sup>2</sup> / <sub>18</sub>	10. UNDER 1 YEAR 2 Months	11. UNDER 18 HRS. 18 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Own Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm Work</u>	11. BIRTHPLACE (State or foreign country) <u>Nelson, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Buxton</u>	13b. MOTHER'S MAIDEN NAME <u>Louvenia Steele</u>	14. NAME OF HUSBAND OR WIFE <u>Arvella Finley Buxton</u>
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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>Mrs. John Buxton-Kansas City, Kans.</u>	ADDRESS <u>Kansas City, Kans.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Constrictive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from May 6, 1953 to June 7, 1953, that I last saw the deceased alive on June 7, 1953 and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Disease or title) <u>W. P. ...</u>	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>6-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery Nelson, Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>6-9-1953</u>	REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Leslie Sweeney-Marshal, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0972  
0

6037 141

JUN 27 1955

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 J. Lehi Swasey

Licensed Embalmer No. 2235

P. O. Address Marshall, 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.