

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

**25685**

State File No. ....

**FILED JUL 29 1953**

REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Madison Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Modena, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b></b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George Edgan</b> b. (Middle) <b>Paxton</b> c. (Last) <b></b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 15, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 6, 1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days <b></b>	IF UNDER 24 HRS. Hours Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Paxton</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b></b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Freddie Curtis Mill Grove, 16</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremic poisoning</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bright's disease</b>		
	DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b></b>	19b. MAJOR FINDINGS OF OPERATION <b>593 X</b>	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 Jan 12, 1953, to July 15, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>D. M. Perry</b>	(Degree or title)	23b. ADDRESS <b>M.D. Princeton Mo.</b>	23c. DATE SIGNED <b>July 16, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 17-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Goshen Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo.</b>

DATE REC'D BY LOCAL REG. <b>7-24-53</b>	REGISTRAR'S SIGNATURE <b>Paul Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>393-0</b>	ADDRESS <b>Martin Funeral Home Princeton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side) *Don Martin*

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 *Jean Martin*

Licensed Embalmer No. 3760

P. O. Address *Princeton, 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.