

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5003

State File No. \_\_\_\_\_

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>793</u>					
I. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				5. STREET ADDRESS (If rural, give location) <u>2620 Chestnut St.</u>							
3. NAME OF DECEASED a. (First) <u>AARON</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>PAXTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 18, 1954</u>				
5. SEX <u>2</u> <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 2</u>		8. DATE OF BIRTH <u>December 25, 1892</u>		9. AGE (In years last birthday) <u>60</u> <u>let.</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Foreman, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Paxton</u>			13b. MOTHER'S MAIDEN NAME <u>Eugenia Gilmore</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>			16. SOCIAL SECURITY NO. <u>496075566</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Kansas City, Mo.</u>				ADDRESS		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>  ANTECEDENT CAUSES DUE TO (b) <u>Aortic Insufficiency</u> DUE TO (c) <u>Syphilitic Heart Disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>  <u>Unknown</u>  <u>Unknown</u>  <u>023X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>February 15 1954</u> , to <u>February 18 1954</u> , that <del>death occurred on</del> <u>death occurred at 6:15 p.m.</u> , from the causes and on the date stated above.											
22a. SIGNATURE <u>Andrew B. Williamson, Jr.</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>V.A. Hospital, Kansas City, Mo.</u>				22c. DATE SIGNED <u>2-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>Feb 22 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Texasians</u>		24d. LOCATION (City, town, or county) (State) <u>Texasians, APT.</u>					
DATE REC'D BY LOCAL REG. <u>2-20-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u> ADDRESS <u>1435 E. TRUMP</u>						

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Andrew B. Williamson, Jr.

**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 .....  
Signature of Student Embalmer

Signed *Landis H. Jackson* .....

Licensed Embalmer No. *48* .....

P. O. Address *K. C. L.* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**