

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **781**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville	c. LENGTH OF STAY (In this place) 6 days	c. CITY OR TOWN Pilot Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp		e. STREET ADDRESS (If rural, give location) 0270	

3. NAME OF DECEASED (Type or Print) JAMES GRANVILLE PAXTON			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 15, 1878		9. AGE (In years last birthday) 77 If under 1 year: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo.	

12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Granville Paxton		13b. MOTHER'S MAIDEN NAME Emma Painter		14. NAME OF HUSBAND OR WIFE Madeline Paxton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-32-1860		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Madeline Paxton, Pilot Grove, Mo.			

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) Carcinoma of Prostate Gland			INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic Cardiovascular Disease			177X	

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) 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 **12-8-55**, 19___, to **1-15-56**, 19___, that I last saw the deceased alive on **1-15-56**, 19___, and that death occurred at **9:47** m., from the causes and on the date stated above.

23a. SIGNATURE B. M. Stuart, M.D.		(Degree or title) C		23b. ADDRESS 329 Main, Boonville, Mo.		23c. DATE SIGNED 1-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 17-56		24c. NAME OF CEMETERY OR CREMATORY Pilot Grove Cem		24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo	
DATE REC'D BY LOCAL REC'D 1/19/56		REGISTRAR'S SIGNATURE Hooper 381-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays & Painter Pilot Grove Mo			

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

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 *Rayton E. Hay*

Licensed Embalmer No. *3079*

P. O. Address *Belot Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.