

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15646

State File No. ....

534

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>St. Joseph</u>		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 <u>St. Joseph's Hospt.</u>				e. STREET ADDRESS (If rural, give location) <u>6320 Belding St.</u>					
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>			a. (First) <u>A.</u>		b. (Middle) <u>PAXSON</u>		c. (Last)		
4. DATE OF DEATH <u>May 11, 1956</u>				4. DATE (Month) (Day) (Year)					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>March 13, 1883</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yard man (Ret)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe. Stock Yards Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>			13a. FATHER'S NAME <u>Andrew Paxson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ida E. Paxson</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>487-07-9836</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Paxson</u>		ADDRESS <u>St. Louis</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis massive</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Aneurysm of cerebral artery, basilar</u>				?	
DUE TO (c) <u>Arteriosclerosis</u>				?				?	
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>332x</u>						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) 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 <u>5-10</u> , 19 <u>56</u> , to <u>5-11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>56</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. Mothenhead</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2603 Fredrick Ave. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5-14-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 17, 1956</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Clara E. Clark</u>		ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

4850

**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.....

Licensed Embalmer No. 46

P. O. Address San Jose

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.