

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20373**

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton</b>		c. CITY OR TOWN <b>Ironton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>0470</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's of the Ozarks</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ANNA</b>	b. (Middle) <b>PEARL</b>	c. (Last) <b>LAXTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 1, 1956</b>
-------------------------------------	------------------------	--------------------------	-------------------------	---

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 20, 1887</b>	9. AGE (In years last birthday) <b>68</b>	If UNDER 1 YEAR Month <b>7</b> Day <b>11</b>	If UNDER 24 HRS. Hours <b></b> Min. <b></b>
----------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Centerville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Eli G. McDonald</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Belle Howell</b>	14. NAME OF HUSBAND OR WIFE <b>Barney W. Laxton</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Barney W. Laxton, Ironton, Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Generalized Arteriosclerosis 3 yrs.</b>		
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 <b>331x</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 10-4, 1955, to 6-1, 1956, that I last saw the deceased alive on 6-1, 1956, and that death occurred at 12.30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Merrin C. Menne, M.D.</b>	23b. ADDRESS <b>Ironton, Mo</b>	23c. DATE SIGNED <b>6-2-56</b>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 3, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Centerville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Centerville, Mo.</b>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>6-4-56</b>	REGISTRAR'S SIGNATURE <b>Miss Annie Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Funeral Home, Ironton, Mo.</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side) *[Signature]*

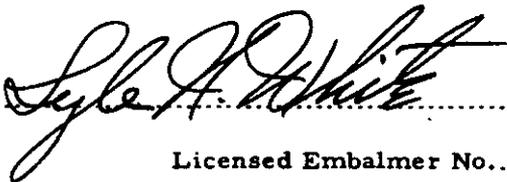
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28-0

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. 4295

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