

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 017955  
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Princeton</b> (Outside Limits) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Axtell Hospital</b>		Length of stay in lb <b>25 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Princeton, Mo</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Clara</b> Middle <b>A.</b> Last <b>Boxley</b>			4. DATE OF DEATH Month <b>5</b> Day <b>27</b> Year <b>57</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-15-1887</b>	9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hays Co., Neb.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>H. B. Graves</b>			14. MOTHER'S MAIDEN NAME <b>Katherine Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-36-1996</b>	17. INFORMANT Address <b>Mrs Letha George Princeton, Mo</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>		<b>4 yrs</b>
	DUE TO (c) <b>Hypertension</b>		<b>2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY: Hour <b>4:55</b> Month <b>5</b> Day <b>16</b> Year <b>57</b> a. m. <b>A.</b> p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Princeton, Mo</b>

21. I attended the deceased from <b>4:55 A. 5-16-57</b> to <b>5-27-57</b> and last saw her/him alive on <b>5-27-57</b> Death occurred at <b>Princeton, Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Dearer or title) <b>Byron J. Axtell</b>	22b. ADDRESS <b>Princeton, Mo</b>	22c. DATE SIGNED <b>5-31-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>buried</b>	23b. DATE <b>5-28-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	23d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Noel Moss Princeton, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-31-57</b>	26. REGISTRAR'S SIGNATURE <b>Noel Moss</b>

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1961

VS JUN 8 1961

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 *Paul Woods* .....

Licensed Embalmer No. *262* .....

P. O. Address *Junction* .....

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.