

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009767  
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>IRON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WAYNE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRANTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PIEDMONT 1110</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST MARY'S</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>0</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>GLY EDMOND PAXTON</b>			4. DATE OF DEATH Month Day Year <b>MARCH 7 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APR-13-1885</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>11 24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED POWER-CO.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POWER-CO.</b>	11. BIRTHPLACE (City and state or country) <b>COLUMBUS OHIO 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>EDMOND PAXTON</b>		13b. MOTHER'S MAIDEN NAME <b>CENA FORQUER</b>		14. NAME OF HUSBAND OR WIFE <b>BLANCHE PAXTON</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>430-03-0948</b>	17. INFORMANT Address <b>BLANCHE PAXTON PIEDMONT, 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>Myocardial ?</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr -</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>0</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <b>7-2-57</b> to <b>3-9-58</b> and last saw him alive on <b>3-9-58</b> Death occurred at _____ m on the date stated above; and, to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Joseph A. O'Hara</b>			22b. ADDRESS <b>Tranton Mo.</b>		22c. DATE SIGNED <b>3-12-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>PIEDMONT, Mo.</b>
24. FUNERAL DIRECTOR <b>Leish Funeral Home</b>		ADDRESS <b>Piedmont, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-13-58</b>	26. REGISTRAR'S SIGNATURE <b>Maie Avis Jones</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M.  
191958

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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426  
P. O. Address. Fiedmont, N.C.

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.