THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044327

STATE FILE NUMBER 6161

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital — Length of stay in 1b 44 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Worth
c. CITY OR TOWN Grant City 113 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Route 3 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ARTHUR Middle L. Last PAXSON

4. DATE OF DEATH Month 12th Day 25th Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF DIVORCE 12-12-93
9. AGE (In years last birthday) 65 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Gen Industry
11. BIRTHPLACE (City and state or country) Coon Rapids, Iowa
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Merr el Paxson
13b. MOTHER'S MAIDEN NAME Cora Holopeter
14. NAME OF HUSBAND OR WIFE Goldie Paxson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 493 14 7685
17. INFORMANT VA Hospital Records, K.C., Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Residual, undifferentiated adenocarcinoma of stomach involving wall of stomach and transverse colon; Peritoneal implants; generalized peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 151+
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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 November 11, 1958, to December 25, 1958 and last saw the deceased on
Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Williams (Degree or title) M.D. MD
22b. ADDRESS VA Hospital, K.C., Mo
22c. DATE SIGNED 12-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 12-26-58
23c. NAME OF CEMETERY OR CREMATORY Kirk cemetery
23d. LOCATION (City, town, or county) (State) Allendale - Mo.

24. FUNERAL DIRECTOR Pugh-Dunfee Grant City Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 12-27-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. J. Williams

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 Bill A. Dunfe

Licensed Embalmer No. 4908

P. O. Address Grand City,

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.