

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-047029
STATE FILE NUMBER

FILED JAN 9 1959 Registration District No. 362 Primary Registration District No. 4533 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wright City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wright City 1090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) William First Axford Middle Lee Last			4. DATE OF DEATH Month Dec Day 30 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 30 1904		9. AGE (In years and birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY M.F.A Warehouse		11. BIRTHPLACE (City and state or country) Warren CO Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wilfred Lee		13b. MOTHER'S MAIDEN NAME Nellie Watkins	
14. NAME OF HUSBAND OR WIFE Lydia Lee		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-28-5212	
17. INFORMANT Address Billy E Lee Wright City Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Coronary Occlusion DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis 4201			
19. INTERVAL BETWEEN ONSET AND DEATH 5 min		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 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 Jan-1955 to present and last saw him alive on Dec 30, 1958 Death occurred at 11:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Beckmeyer Sr. (Degree or title)		22b. ADDRESS Wright City		22c. DATE SIGNED 12-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/2/59		23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
23d. LOCATION (City, town, or county) Wright City Missouri		23e. (State)			
24. FUNERAL DIRECTOR Nieburg Furn & Und Co Wright City		ADDRESS 1-5-59		25. DATE RECD. BY LOCAL REG. 1-5-59	
26. REGISTRAR'S SIGNATURE Floyd Logan					

MO (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

1-57
1090

5. 300

MAR 26 1959

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 *Julius J. Nieburg*
Licensed Embalmer No. *3386*
P. O. Address *Wright 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.