

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018200

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No.

162

Primary Registration District No.

5594

Registrar's No.

54

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

BURAL MERAMEE

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

DITTMER Mo

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

DITTMER MO RR

Length of stay in lb

d. STREET
OR
ADDRESS

(If outside, give location)

RR #1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Joseph Vernon Axtetter

4. DATE

Month

Day

Year

OF
DEATH

5-16-59

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

MAY 25-1893

9. AGE (In years)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis Mo

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

GEO. P. AXTELLER

13b. MOTHER'S MAIDEN NAME

ELIZABETH SCHAEFFER

14. NAME OF HUSBAND OR WIFE

ESSIE MAC AXTELLER

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.

None

17. INFORMANT

Address

ESSIE MAC AXTELLER DITTMER MO RR #1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

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)

4201

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.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ 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

Coroner's View

and last saw her alive on

Death occurred at

5:30 P.

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

3

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

5/19/59

23c. NAME OF CEMETERY OR CREMATORY

St MARTINS C & R Cem.

23d. LOCATION (City, town, or county)

DITTMER Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mo

25. DATE RECD. BY LOCAL REG.

5-19-59

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 8 NOV

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DATE RECEIVED
MAY 23 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 Herbert J. San Jr.

Licensed Embalmer No. 4800

P. O. Address Kidwa rd 22, 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.