

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7201

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash. Twp. 2 yrs 3m-4d.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 1 4/3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #37</u>		d. STREET ADDRESS (If rural, give location) <u>County Home</u>	
3. NAME OF DECEASED (Type or Print) <u>DECOURSEY SAXTON</u> a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-7-1877</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give army or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>Nevada</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardio-renal disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-16-</u> , 19 <u>49</u> , to <u>2-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-23</u> , 19 <u>49</u> , and that death occurred at <u>10-40 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Hall M.D.</u> (Degree or title)		23b. ADDRESS <u>Warren Mo</u>	
23c. DATE SIGNED <u>2-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>2-24-49</u>		24b. DATE <u>2-24-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hospital Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>	
DATE REC'D BY LOCAL REG <u>Feb. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>331</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u>		ADDRESS <u>Nevada, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10800

RECEIVED

District Health Officer No. 7;

District File Number 1-49-144

Date Filed 2-28-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>viewed</sup> embalmed by me, or by.....

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

Student .....  
Student Embalmer

Signed Mark Eichenauer.....

Licensed Embalmer No. 2656.....

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.