

S. No. 300  
v. 10.48

NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41207

State File No. ....

1972

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>301 S. Redman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 S. Redman</u>		d. STREET ADDRESS (If rural, give location) <u>301 S. Redman</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Paxton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 19, 1872</u>
9. AGE (In years last birthday) <u>79</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Belfield Brady</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Washington</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MR. William Paxton, Detroit, Michigan</u>		ADDRESS _____	
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>Gastroenteritis</u> DUE TO (b) <u>Terror in Diet</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5911	
21a. ACCIDENT (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) _____	
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>Nov. 30<sup>th</sup> 1952</u> , to <u>Nov. 10<sup>th</sup> 1952</u> , that I last saw the deceased alive on <u>Nov. 13, 1952</u> , and that death occurred at <u>10:06 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>White N. Madison, M.D.</u>		23b. ADDRESS <u>Marshall, Missouri</u>	
23c. DATE SIGNED <u>11-15-52</u>		23d. SIGNATURE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/16/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov-15-1952</u>		REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Green</u>		ADDRESS <u>Marshall</u>	

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

**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 \_\_\_\_\_  
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall

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.