

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18475

State File No. \_\_\_\_\_

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>152</u>		PRIMARY REG. DIST. NO. <u>5582</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Jackson Twp</u>			c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Jackson Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carthage Route 4</u>				d. STREET ADDRESS (If rural, give location) <u>Carthage Route 4</u> <u>0490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>GLENN</u>		c. (Last) <u>AXTELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6-1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 27-1885</u>	9. AGE (In years last birthday) <u>67</u>	If under 1 year: Months _____ Days _____	If under 2 wks: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>building</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Greenwood County, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John G. Axtell</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martha H. Axtell</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>509-16-7759</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. G. Axtell, Rte 4, Carthage</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>Coronary occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>immed</u>  <u>3 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</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) (Min.)		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>6-6-1953</u> to <u>6-6-1953</u> , that I last saw the deceased alive on <u>6-6-1953</u> , and that death occurred at <u>9:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>6-8-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>June 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Great Bend Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Great Bend, Kansas.</u>		
DATE REC'D BY LOCAL REG. <u>6-8-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0490  
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RECEIVED 6-13-53  
Jasper County Health Office

County File Number 53-6-506

Date Filed 6-13-53

AUG 6 1954

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.