

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21367**

FILED JUL 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5476 Registrar's No. 105

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

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Lincoln Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Lincoln Twp</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. # 1, Trenton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. # 1, Trenton</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHNNIE</b> b. (Middle) <b>TURNER</b> c. (Last) <b>AXSOM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1953</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan 27, 1884</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR: Months <b>5</b> Days <b>0</b>	
11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Alexander Axsom</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Dobson</b>		14. NAME OF HUSBAND OR WIFE <b>Daisy Boyd Axsom</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-14-5748A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Daisy Axsom, Rt. #1, Trenton</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE TO (b)			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>June 1st 1953</b> to <b>June 27th 1953</b> , that I last saw the deceased alive on <b>June 27th 1953</b> , and that death occurred at <b>3:00 P.M.</b> from the causes and on the date stated above.					

23a. SIGNATURE <b>Clive S. Duff, M.D.</b>		23b. ADDRESS <b>Trenton Mo</b>		23c. DATE SIGNED <b>June 29th 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>July 1, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Martin cemetery</b>	
24d. LOCATION (City, town, or county) <b>2 mi. N Tindall, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>7/1/53</b>		REGISTRAR'S SIGNATURE <b>Jane Zair</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Donald Slater Trenton, Mo.</b>	
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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Donald H. Slater*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.