

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11139

0050

10.48

0050

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

BIRTH NO. _____		REG. DIST. NO. <u>13</u>	PRIMARY REG. DIST. NO. <u>5059</u>	Registrar's No. <u>35</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora R-2 Ozark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora R-2 0050</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles south of Aurora</u>		d. STREET ADDRESS (If rural, give location) <u>Eight Miles South</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Paxton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 23, 1954</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>Nov 10 - 1892</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	9. AGE (In years) (last birthday) <u>61</u> if under 1 year Months Days if under 6 mos. Hours Mins.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta county Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wilford Paxton</u>		13b. MOTHER'S MAIDEN NAME <u>Add Walworth</u>	14. NAME OF HUSBAND OR WIFE <u>Wade Paxton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES World War One</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Paxton</u> ADDRESS <u>Aurora Mo</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE 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		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)	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>4-21</u> , 19 <u>54</u> , to <u>4-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>54</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) <u>Milton A. Davis</u>		23b. ADDRESS <u>Aurora Mo.</u>		23c. DATE SIGNED <u>4-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chay Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora R-2</u>	
DATE REC'D BY LOCAL REG. <u>4-27-54</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	487	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley L. Ward</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

454-23

BARRY COUNTY HEALTH UNIT

CASSVILLE, MO.

Rec. 4-28-54

APR 30 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 _____

Muse

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *Orson L. Harsh*

Licensed Embalmer No. *3812*

P. O. Address: *Barrett 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.