

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12322**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 1/2 yrs		e. STREET ADDRESS (If rural, give location) 3518 S. Crysler	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium			

3. NAME OF DECEASED (Type or Print)	a. (First) Sylvia	b. (Middle) Hazel	c. (Last) Paxton	4. DATE OF DEATH (Month) (Day) (Year) Apr. 15, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 19, 1909	9. AGE (In years, last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 RES. Hours	IF UNDER 1 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and State or Foreign Country) Cameron, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Groves	13b. MOTHER'S MAIDEN NAME Esta Russell	14. NAME OF HUSBAND OR WIFE Rev. Fred B. Paxton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Rev. Fred B. Paxton	ADDRESS Independence, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lungs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the gall bladder DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Operated Jan 19, 1950 gall bladder removed - Dr. H. B. Boscawne	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-22-1954** to **4/15/1954** that I last saw the deceased alive on **4/15/1954**, and that death occurred at **11:12A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Allen M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 4/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/17/54	24c. NAME OF CEMETERY OR CREMATOR Floral Hills Cem.	24d. LOCATION (City, town, or county) (State) Raytown, Mo.
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DATE REC'D BY LOCAL REG. 4-16-54	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Independence, Mo.
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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.....
Signature of Student Embalmer

Signed *Larvega E Bron*.....

Licensed Embalmer No...*4*.....

P. O. Address *Indep*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.