No. 300
10-48

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

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34302

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 515

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 11 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2111 SERGEANT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
d. STREET ADDRESS (If rural, give location): 608 WEST SECOND

0492

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) B c. (Last) AXTON

4. DATE OF DEATH (Month) OCTOBER (Day) 17 (Year) 1954

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED **8. DATE OF BIRTH** JULY 22, 1871 **9. AGE** (In years last birthday) 83 IF UNDER 1 YEAR: Months 2 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER
11. BIRTHPLACE (State or foreign country): ROCKPORT, IND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: WILLIAM L. AXTON
13b. MOTHER'S MAIDEN NAME: MARY ALICE EATON
14. NAME OF HUSBAND OR WIFE: CARLOTTA C. AXTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CARLOTTA C. AXTON **ADDRESS**: 608 WEST 2ND WEBB CITY, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiovascular renal disease — 1 year.
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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1951, *to* 10-17, 1954, *that I last saw the deceased alive on* 10-13, 1954, *and that death occurred at* 12:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE D. M. Ferguson **(Degree or title)** MD **23b. ADDRESS** Webb City, Mo. **23c. DATE SIGNED** 10/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-19-1954
24c. NAME OF CEMETERY OR CREMATORY: MT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY, MO

DATE REC'D BY LOCAL REG.: 5-25-54
REGISTRAR'S SIGNATURE: Ed S. Lamer by Delyte Lamkins
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 1 1954
Jasper County Health Office

County File Number 890

Date Filed NOV 1 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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.