

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8530

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 112

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>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>6</u>	c. CITY OR TOWN <u>WEBB CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2111 SERGEANT</u>		STREET ADDRESS (If rural, give location) <u>608 WEST SECOND</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARLOTTA</u> b. (Middle) <u>C</u> c. (Last) <u>AXTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18 1955</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPTEMBER 26, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	9. AGE (In years last birthday) <u>81</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>MICHAEL SULLIVAN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE FAGAN</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK AXTON DECEASED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS E. O. PLUNKETT</u> ADDRESS <u>JOPLIN, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Central arteriosclerosis</u> 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"/>		153X	
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 (Month) (Day) (Year) (Hour) (Min.) OF INJURY _____	
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>12-10</u> , 19 <u>51</u> , to <u>3-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>55</u> , and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Amey Ferguson MD</u>		23b. ADDRESS <u>Webb City, Mo.</u>	
23c. DATE SIGNED <u>3-18-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE <u>MARCH 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis Funeral Home</u> ADDRESS <u>Webb City Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-21-55</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File
Date Filed
MAR 28 1955

APR 18 1955

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 *Henry J. Lewis Jr*

Licensed Embalmer No. *456*

P. O. Address *Webb et al*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.