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FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13120

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1805

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY MO
c. LENGTH OF STAY (In this place): 6 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 SO QUINCY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DE SOTO
d. STREET ADDRESS (If rural, give location): X 3 mi. EAST ½ Mi No. EUDORA ROUTE 2. EUDORA

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

4. DATE OF DEATH (Month) (Day) (Year): APRIL 24 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-27-1862
9. AGE (In years last birthday): 93 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): BLOOMFIELD IND
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: W. AXE
13b. MOTHER'S MAIDEN NAME: MARY HENRY
14. NAME OF HUSBAND OR WIFE: RACHEL T. AXE (DEC)
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.: —
17. INFORMANT'S SIGNATURE OR NAME: Marjorie E. Fairchild — ADDRESS: 402 So. Quincy

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) coronary arteriosclerosis — many yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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* 10-25, 1955, *to* 4-24, 1956, *that I last saw the deceased alive on* 4-23, 1956, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Wilson H. Miller (Degree or title) M.D.
23b. ADDRESS 4620 Indian Ave Kansas City 24, Mo.
23c. DATE SIGNED 4-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APR. 25, 1956
24c. NAME OF CEMETERY OR CREMATORY: DE SOTO
24d. LOCATION (City, town, or county) (State): DE SOTO, KANSAS

DATE REC'D BY LOCAL REG.: 4-26-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Schubert Funeral Home Lawrence Kansas

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Matt M. Shradeki

Signed.....
Student Embalmer

Licensed Embalmer No. 4382

P. O. Address Kansas City Ka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.