

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1956

24252

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 4257 Registrar's No. 30

Health, Welfare, Public Service
 300-1-56
 2512
 3
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leeton,</u>		c. CITY OR TOWN <u>Rural, Leeton, Mo. 0510</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Blacksmith shop</u>		d. STREET ADDRESS <u>R.R. No. 1, Leeton, Mo.</u>	
3. NAME OF DECEASED (Type or print) <u>EARL</u> First <u>MARTIN</u> Middle <u>PAXTON</u> Last		4. DATE OF DEATH <u>July 17th, 1956</u> Month <u>July</u> Day <u>17th</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 30, 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic, Auto.</u>		11. BIRTHPLACE (City and state or country) <u>Calhoun, Missouri</u>	
13. FATHER'S NAME <u>J. Bert Paxton,</u>		14. MOTHER'S MAIDEN NAME <u>Iva Martin,</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) : <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): <u>Diabetes Mellitus</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>7-17-56</u> to <u>7-17-56</u> and last saw her alive on <u>7-17-56</u> Death occurred at <u>1:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ray B Jordan</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Windsor, Missouri.</u>	
22c. DATE SIGNED <u>7-18-1956</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-19-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri.</u>
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>July 25, 1956</u>	26. REGISTRAR'S SIGNATURE <u>J.W. Cook</u>

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 *H.A. Braundger*.....

Licensed Embalmer No. 337.....

P. O. Address *Wilmington*.....

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.