

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4421-58 58-029881
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia 08040 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 800 S. Limit		Length of stay in lb 30 minutes	d. STREET ADDRESS (If outside, give location) 28th & Marshall Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DARIA Middle DENISE Last PAXTON			4. DATE OF DEATH Month Aug Day 29 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 2 Days 6 IF UNDER 24 HRS.: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA
13a. FATHER'S NAME Earl S. Paxton		13b. MOTHER'S MAIDEN NAME Mary L. Pointer		14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Earl S. Paxton, Sedalia, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH one week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 1) Circulatory failure, acute	
	DUE TO (c) 2) Cor Biloculare 500X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Thomas J. Heptson M.D.</i>	(Degree or title)	22b. ADDRESS Sedalia, Mo
22c. DATE SIGNED 8/30/58		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Sedalia, Missouri	(State)
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24. FUNERAL DIRECTOR <i>Madame Ewing</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. August 30 1958	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
Item 18 checked by doctor (1-12 added) 12-22-58

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.

OCT 14 1958

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 *Donald K. Bellmer*

Licensed Embalmer No. *4992*

P. O. Address *Redding*

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.