

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000576

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 8

FILED FEB 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0150
2 01502
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camden</u>		Length of stay in 1b <u>12 yrs</u>		c. CITY OR TOWN <u>Camden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>202 Second Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Cummins</u> Last <u>Paxton</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>4th</u> Year <u>1963</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>May 29-1872</u>	
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>5</u>		IF UNDER 24 HR: Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and state or country) <u>Camden County Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Paxton</u>				13b. MOTHER'S MAIDEN NAME <u>Jerusha Cummins</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Paxton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Mrs Ida Simmons Richland Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> <u>Incontinence & Debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u></u>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year		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>1958</u> to <u>2/4/63</u> and last saw her/him alive on <u>2/3/1963</u> Death occurred at <u>12:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Kenneth E. Mitchell M.D. Camden, Mo</u>				22b. ADDRESS <u>Camden, Mo</u>		22c. DATE SIGNED <u>2/7/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 7th 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Decaturville Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Robert H. Reed Camden, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 7-1963</u>		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Inaw</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

Robert N Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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