No. 2
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2981

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: YATES HOTEL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JACKSON 48 3
(c) City or town KANSAS CITY Mo. 8 (If outside city or town limits, write "RURAL")
(d) Street No. No RECORD (If rural, give location)
(e) If foreign born, how long in U. S. A.? No / years.

3. (a) PRINT FULL NAME Donald C. Cluxton
3. (b) If veteran, name war No
3. (c) Social Security No. 490-16-3825
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Phillamine
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Sept 1. 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	4	28	hr. min.

9. Birthplace Aberdeen Ohio; / (City, town, or county) (State or foreign country)
10. Usual occupation INSURANCE
11. Industry or business "
12. FATHER Name B. W. Cluxton.
13. Birthplace Ohio / (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Lula Hill;
15. Birthplace Ohio / (City, town, or county) (State or foreign country)
16. (a) Informant Phillamine Cluxton
(b) Address Yates Hotel - Joplin
17. (a) Burial (Burial, cremation, removal) (b) Date thereof FEB. 1, 1941 (Month) (Day) (Year)
(c) Place: Burial or Cremation Ozark Mem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 1-29-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 28, day 1941; year hour 11-30 P. M. minute M.
I hereby certify that I attended the deceased from Jan. 26, 1941 to Jan. 28, 1941 that I last saw him alive on Jan. 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 days
Due to: Thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): GIT	

Major findings:
Of operations ✓
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Rich L. Ny (M. D. or other) D.O.
Address Joplin Mo Date signed 1/29/41

(Licensed Embalmer's Statement on Reverse Side)

41-2-140

OCT 1 1943

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.