

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18475

State File No. 18475
Registrar's No. 197

6283

No. 300
10.48

14

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. 375		State File No. <u>18475</u>		Registrar's No. <u>197</u>						
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)										
a. COUNTY <u>Wright</u>				a. STATE <u>Mo</u>		b. COUNTY <u>Wright</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville, Elk Creek</u>		c. LENGTH OF STAY (in this place) <u>86</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville "RURAL" Elk Creek</u>										
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>13 Miles North</u>										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>			b. (Middle) <u>Hender son</u>			c. (Last) <u>Claxton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 6 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-23-1862</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Wright County Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Henderson Claxton</u>				13b. MOTHER'S MAIDEN NAME <u>Susan Harrison</u>				14. NAME OF HUSBAND OR WIFE <u>Leora Claxton</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harve Austin Hartville, Mo.</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>				
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Mitral Insufficiency</u>								<u>410x</u>				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____												
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____												
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____										
22. I hereby certify that I attended the deceased from <u>Mar 20, 1949</u> to <u>4-6</u> , 1949, that I last saw the deceased alive on <u>4-2</u> , 1949, and that death occurred at <u>12</u> Pm., from the causes and on the date stated above.														
23a. SIGNATURE <u>J. R. Mott M.D.</u> (Degree or title)				23b. ADDRESS <u>Hartville Mo</u>				23c. DATE SIGNED <u>4-27-49</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Claxton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Competition Mo</u>								
DATE REC'D BY LOCAL REG. <u>Apr. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>B. Garner</u>		346		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Halder Hartville, Mo</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 549-520

Date Filed 5-9-49

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
Student Embalmer

Signed Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Haitville 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.