

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1950

State File No. 785
Registrar's No. 83-C

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 83-C	
1. PLACE OF DEATH a. COUNTY Greene County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grovespring			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Jason		b. (Middle)		c. (Last) Claxton	
4. DATE OF DEATH		(Month) Jan.		(Day) 26		(Year) 1950	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 30, 1883		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Merchant		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Wright Co., Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Samuel E. Claxton		13b. MOTHER'S MAIDEN NAME Eliza Jane Hillhouse		14. NAME OF HUSBAND OR WIFE Lula M. Claxton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 500-05-0880		17. INFORMANT'S SIGNATURE OR NAME: Lula M. Claxton		ADDRESS Grovespring, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Several ulcers 2 to 1 years 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/26, 1950, to 1/26, 1950, that I last saw the deceased alive on Jan 26, 1950, and that death occurred at 11:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Guy D. Callaway				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 1/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Grovespring		24d. LOCATION (City, town, or county) (State) Grovespring, Mo.	
DATE REC'D BY LOCAL REG. 1-31-50		REGISTRAR'S SIGNATURE W. J. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holdren		ADDRESS Hartsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1950

JAN 18 1955

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.

Signed Gene E. Haldren

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.