

FILED JUL 22 1950 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

23730

State File No.

Registrar's No. 281

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1015 South Willis</u>		d. STREET ADDRESS (If rural, give location) <u>1015 South Willis</u>	

3. NAME OF DECEASED (Type or Print) <u>HARRIETT</u>	a. (First)	b. (Middle)	c. (Last) <u>CLABURN</u>	4. DATE OF DEATH <u>July 12, 1950</u>
---	------------	-------------	--------------------------	---------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 26, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>16</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hickory County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Marion Darby</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Starky</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel G. Claburn</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada E. Jones</u>	ADDRESS <u>Independence, Mo.</u>
--	-------------------------------------	--	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self Administering Heart Disease 7 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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) (Min.)	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 Jan 1943 to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 10:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Esther Watson, M.D.</u> (Degree or title)	23b. ADDRESS <u>129th Lexington Independence, Mo</u>	23c. DATE SIGNED <u>July 14, 1950</u>
---	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGee Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>So. of Sedalia, Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 14-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>	ADDRESS <u>Indep., Missouri</u>
--	--	--	---------------------------------

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

0464

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 *Stanley M. Seaton*

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.