

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11396

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILLARD REST HOME</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>LAURA</u>		b. (Middle) _____	
c. (Last) <u>CLAXTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 26, 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 25, 1876</u>
9. AGE (In years last birthday) <u>74</u>		10. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>PHILIP KINCHLOE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MOSLEY</u>	
14. NAME OF HUSBAND OR WIFE <u>MARIE CLAXTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lawrence Atkinson mtn Gray</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cachexia</u> 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>July 31, 1950</u> , to <u>Feb 26, 1951</u> , that I last saw the deceased alive on <u>Feb 26, 1951</u> , and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Newton O. Munsfeld D.O.W.</u>		23b. ADDRESS <u>Mansfield, Mo.</u>	
23c. DATE SIGNED <u>2-28-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>2-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELLY CREEK</u>	
24d. LOCATION (City, town, or county) (State) <u>GROVE SPRING, MO.</u>		DATE REC'D BY LOCAL REG. <u>3-8-51</u>	
REGISTRAR'S SIGNATURE <u>Mrs. A. C. Washburn by Mrs. Grable</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Windle, Jay</u>	
ADDRESS _____		ADDRESS _____	

RECEIVED  
MAR 12 1951  
WRIGHT CO. HEALTH DEPT.  
County File Number 321-23  
Date Filed 3-17-51

**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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mt. Grove, 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.