

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30949**

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5180 Registrar's No. 28

150
1

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton Warren</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton - Warren</u>		d. STREET ADDRESS (If rural, give location) <u>Rural General</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wiley Meads Home</u>					
3. NAME OF DECEASED (Type or Print) <u>Rebecca Maria Claiborn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 25 - 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 31 - 1880</u>	9. AGE (In years) (Month) (Day) (Year) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</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 <u>none</u>	11. BIRTH PLACE (State or foreign country) <u>Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Richard M. Swartz</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Winfrey</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Wesley Claiborn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>46-24-0165</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wiley Meads - Camdenton 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, ashenia, etc. It means the disease, injury, or complication which caused death.			18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>486 - MEDICAL CERTIFICATION</u> <u>Thrombosis</u> <u>of coronary arteries</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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 <u>Sept 28</u> , 1952, to <u>Sept 25</u> , 1952, that I last saw the deceased alive on <u>Sept 25</u> , 1952, and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. C. Claiborn M.D.</u>			23b. ADDRESS <u>Lucie Denton, K6</u>		23c. DATE SIGNED <u>9-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 28 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 27 - 1952</u>		REGISTRAR'S SIGNATURE <u>Zilpha Irwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bankson - Wooley, Camdenton Mo</u>	

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

Abbie Banks Woolery

Licensed Embalmer No. *2488*

P. O. Address *Carndenton*

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.