

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14499

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6279 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Gasconade</u>	c. LENGTH OF STAY (in this place) <u>35</u>	c. CITY OR TOWN <u>Hartville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2 miles South of Hartville</u>		No. STREET ADDRESS (If rural, give location) <u>1140 0</u> <u>Home 2 miles South of Hartville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>Claxton</u> c. (Last) <u>Claxton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11, 1898</u>	9. AGE (in years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>A. D. Leidy</u>	13b. MOTHER'S MAIDEN NAME <u>Abby Haruey</u>	14. NAME OF HUSBAND OR WIFE <u>Arvel Claxton</u>
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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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Lorraine Claxton Hartville</u> ADDRESS <u>Hartville</u>
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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>3 1/2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lymphatic Leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u></u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchiectasis, both upper lobes</u>		3 yr	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2040</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr 1, 1951, to Mar 21, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 10:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James T. Good M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>3-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Hartville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-5-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> NO. <u>346-0</u>	25. EMPEROR DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hartville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1955

RECEIVED APR 9 1955  
WRIGHT CO. HEALTH DEPT.  
County File Number HSS-5-0  
Date Filed APR 16 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..

Student.....  
Signature of Student Embalmer

Signed *Lucien J. Sweetley*

Licensed Embalmer No. *481*

P. O. Address *Wright Co. Health Dept.*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.