

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36782

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5044

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 36yrs
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4336 Broadway
e. STREET ADDRESS (If rural, give location) 4336 Broadway

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Claxton c. (Last) Claxton
4. DATE OF DEATH (Month) (Day) (Year) Nov 17, 1955

5. SEX 1 male 2 female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH Sept 20, 1874 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 10b. KIND OF BUSINESS OR INDUSTRY unk.
11. BIRTHPLACE (City and State or Foreign Country) Glenallen, Miss. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Claxton 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Ida Claxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Edmunds 6522 Rhodes Chicago, Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arteriosclerotic Heart Disease
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Siniticity DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 4200 10 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO 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 WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-55 to 11-16-55, 1955, and that death occurred on 11-17-55, 1955, and on the date stated above.

23. SIGNATURE (Degree or title) W. P. Miller 23a. ADDRESS 23b. DATE SIGNED 11-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov 21, 1955 24c. NAME OF CEMETERY OR CREMATOR Lincoln 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 11-21-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Jones Funeral Home 187 Benton

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. P. Miller

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce P. Watkins*.....

Licensed Embalmer No. *480*.....

P. O. Address *18th Ben*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.