

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7898**

FILED FEB 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6281** Registrar's No. **7**

|  |  |  |   |  |
|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Wright</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Wright</b>  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural - VanBuren</b>   |  | c. CITY OR TOWN <b>Rayburn</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <b>2 miles north - Rayburn</b>  |  | e. STREET ADDRESS (If rural, give location) <b>rural - north Rayburn</b> <b>1146</b>   |   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Viola</b> b. (Middle) _____ c. (Last) <b>Claxton</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9 1956</b>  |  |
| 5. SEX <b>fem</b>  | 6. COLOR OR RACE <b>white</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>  | 8. DATE OF BIRTH <b>May 20, 1873</b>  |  |
| 9. AGE (In years last birthday) <b>82</b>  |  | 10. KIND OF BUSINESS OR INDUSTRY _____   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Wright Co.</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |   |  |
| 13a. FATHER'S NAME <b>unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>unknown</b>   | 14. NAME OF HUSBAND OR WIFE <b>Unknown</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>no</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Howard Gallagher Rayburn, Mo.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency</b><br>ANTECEDENT CAUSES (b) <b>Arteriosclerosis</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>102 hours</b><br><b>Not known</b> |
| 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) <b>4201</b>  |   |  |
| 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?   |   |  |
| 22. I hereby certify that I attended the deceased from <b>2-10</b> , 1953, to <b>2-9</b> , 1956, that I last saw the deceased alive on <b>2-1</b> , 1956, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |  |
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>  |  | 23b. ADDRESS <b>Mountain Grove, Mo.</b>  | 23c. DATE SIGNED <b>2-13-1956</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  | 24b. DATE <b>Feb. 11, 1956</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>  | 24d. LOCATION (City or county) (State) <b>Wright Co. Mo.</b>  |  |
| DATE REC'D BY LOCAL REG. <b>2-21-56</b>  | REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>346</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Hatfield, Mo.</b>  |   |  |

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

County File Number  
FEB 27 1936  
Date Filed

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..... *James W. Weir*  
Licensed Embalmer No. *46*  
P. O. Address *Springfield*

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.