

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25833

State File No. ....

FILED JUL 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6264 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hazelwood Twp</u>		c. CITY OR TOWN <u>SEYMOUR</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>RURAL RT #3 1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>CLAXTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8, 1956</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>APRIL 3, 1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN HUCKABY</u>		13b. MOTHER'S MAIDEN NAME <u>SOWDEN</u>		14. NAME OF HUSBAND OR WIFE <u>O.L. CLAXTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O.L. CLAXTON Rt #3 SEYMOUR, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TRANSITION AND Debilitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LYMPHOSARCOMA PRIMARY BONE MARROW</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 <u>2001</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)		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 3/7, 1956, to 7/8, 1956, that I last saw the deceased alive on July-6, 1956, and that death occurred at 12:55 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.R. Gill D.O. 2</u>		23b. ADDRESS <u>Seymour, Mo</u>		23c. DATE SIGNED <u>7/19/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLAXTON CEMETERY</u>	
DATE REC'D BY LOCAL REG. <u>7-24-56</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT Co, MISSOURI</u> <u>Wm H. Ferrell Seymour, Mo</u>	

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

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**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..... *Wm K. Ferrell* .....

Licensed Embalmer No... *4910* .....

P. O. Address *Seymour, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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