

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

157-20996  
STATE FILE NUMBER  
2659  
Registrar's No.

**FILED JUN 28 1957**

Registration District No. 149 Primary Registration District No. 1002

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Joseph Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>6135 College</b>	
3. NAME OF DECEASED First <b>Rebecca</b> Middle <b>CLAXTON</b> Last <b>CLAXTON</b>		4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 22, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	9. AGE (In years last birthday) <b>71</b>
11. BIRTHPLACE (City and state or country) <b>Wright Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>G. M. D. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Lavina Royster</b>	
14. NAME OF HUSBAND OR WIFE <b>Alfred R. Claxton</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>---</b>		17. INFORMANT <b>Fred F. Claxton - 6117 Ditzler-Raytown, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident bleeding</u>			INTERVAL BETWEEN ONSET AND DEATH <u>28 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>331X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 3, 1957</u> to <u>June 5, 1957</u> and last saw her alive on <u>June 5, 1957</u> Death occurred at <u>June 5, 1957</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur B. Rhoades</u> (Degree or title) <b>Arthur B. Rhoades M. D.</b>		22b. ADDRESS <u>1109 Poplarwood Blvd. N.E. Mo.</u>	
22c. DATE SIGNED <u>6/6/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>6-8-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>	
25. DATE RECD. BY LOCAL REG. <b>6.6.57</b>		26. REGISTRAR'S SIGNATURE <u>Neva Minihall</u>	

MEDICAL CERTIFICATION  
Arthur B. Rhoades ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Arthur Rhodes  
Prof. Bldg.  
Ba 1-9535  
2:30 PM till 5 PM There

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 *Melvin Dertman* .....

Licensed Embalmer No. *4903*

P. O. Address *KC 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.