

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027960

FILED VS JUL 30 1959

Registration District No. 375 Primary Registration District No. 6283 Registrar's No. 24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELK CREEK Twp		c. CITY OR TOWN RFD HARTVILLE, Mo	
Length of stay in lb 40YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mi. NE Hartville, Mo		d. STREET ADDRESS (If outside, give location) 16 mi NE . . .	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ILA Middle CLAXTON Last			4. DATE OF DEATH Month 7 Day 16 Year 1959		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 4 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) WRIGHT Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME T. J. YOUNG		13b. MOTHER'S MAIDEN NAME PHOEBE PALMER		14. NAME OF HUSBAND OR WIFE ANDY CLAXTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT CHARENCE CLAXTON Hartville Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion			immediate
DUE TO (b) Arteriosclerosis			unknown
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <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>7/1/1959</u> to <u>7/16/1959</u> and last saw <u>her</u> alive on <u>7/16/59</u> Death occurred at <u>1 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) W. Hugh M.D.		22b. ADDRESS Evans Spring, Mo.		22c. DATE SIGNED 7/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/19/1959	23c. NAME OF CEMETERY OR CREMATORY CLAXTON Cem	23d. LOCATION (City, town, or county) (State) WRIGHT Co. Mo.	
24. FUNERAL DIRECTOR John Schimpson Hartsville Mo.		25. DATE RECD. BY LOCAL REG. July 28, 1959	26. REGISTRAR'S SIGNATURE Bonnie J. Jones	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 20 1959

WRIGHT

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WRIGHT

WRIGHT

WRIGHT

WRIGHT

WRIGHT

X

WRIGHT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.