

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041411

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 372 Primary Registration District No. 6263 Registrar's No. 11

**FILED NOV 8 1962**

VS 300  
Rev. 4/59

1 1120

2 1120

3 1

4 0

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7 0

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94201

10

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1290-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>WEBSTER</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>WEBSTER</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>FINLEY TOWNSHIP</b>        |  | Length of stay in 1b<br><b>14 YEARS</b>  | c. CITY OR TOWN <b>SEYMOUR</b>                                  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>SEYMOUR RT 3</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>Route 3</b> |
| Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |  |   |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>OLDRIGE LEE CLAXTON</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>OCT 11 1962</b> |  |  |  |
|--|--|--|--|--|--|--|

|                       |                                  |   |                                       |                                     |                                |                              |
|-----------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-19-1885</b> | 9. AGE (last birthday)<br><b>76</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--------------------------------|------------------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED MINISTER + FARMER</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>WRIGHT CO, MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|-----------------------------------|--|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>JOHN H. CLAXTON</b> | 13b. MOTHER'S MAIDEN NAME<br><b>LEORA HAMILTON</b> | 14. NAME OF HUSBAND OR WIFE<br><b>LUIA CLAXTON</b> |
|--|--|--|

|   |                         |  |         |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>MRS LUIA CLAXTON SEYMOUR, MO</b> | Address |
|---|-------------------------|--|---------|

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>                               |  | <b>?</b>                         |
| DUE TO (b) <b>Arteriosclerosis</b>   |  | <b>?</b>                         |
| DUE TO (c)   |  |                                  |

|   |  |
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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m. | Month, Day, Year |
|---------------------------------------|------------------|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 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 Oct. 1961 to Oct. 11-62 and last saw her/him alive on Oct. 10-62  
Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><i>J.P. Hill</i> (Degree or title) <b>D.O.</b> | 22b. ADDRESS<br><b>Seymour, Mo</b> | 22c. DATE SIGNED<br><b>10/17/62</b> |
|--|------------------------------------|-------------------------------------|

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>OCT 14, 1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CLAXTON CEMETERY</b> | 23d. LOCATION (City, town, or county) (State)<br><b>WRIGHT COUNTY, MISSOURI</b> |
|--|----------------------------------|---|---|

|  |  |   |
|--|--|---|
| 24. FUNERAL DIRECTOR<br><b>Kelley Ferryll Foyland, MO.</b> | 25. DATE REC'D BY LOCAL REG.<br><b>Oct 25-1962</b> | 26. REGISTRAR'S SIGNATURE<br><i>Gilbert Jones</i> |
|--|--|---|

USE BLACK INK OR TYPEWRITER RIBBON

NOV 1962

**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 Mr. K. L. Lersell

Licensed Embalmer No. 4910

P. O. Address Rogersville, 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.