

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30397**

BIRTH NO. **68977-54** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **47**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. CITY (If outside corporate limits, write RURAL and give township) Windsor	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 300 E. Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 E. Jackson		DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1954	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) CLAXTON		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Sept. 28, 1954		9. AGE (In years last birthday) 4 if UNDER 1 YEAR Months 4 if UNDER 12 Hrs. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Windsor, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Claxton		13b. MOTHER'S MARDEN NAME Dorothy Vance	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Alfred Claxton, Windsor, Mo. ADDRESS 7600	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE / HOMICIDE (Specify) No.	
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) (Min.)		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 10-3, 1954 , to 10-2, 1954 , that I last saw the deceased alive on 10-2, 1954 , and that death occurred at 3A m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Ray B. Jordan M.D.		23b. ADDRESS Windsor, Mo.	
23c. DATE SIGNED 10-2-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-4-54		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) (State) Windsor, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Florence Adair ADDRESS Huston-Lurmer, Windsor, Mo.	
DATE RECD BY LOCAL REG. Oct-3-54		REGISTRAR'S SIGNATURE Florence Adair	

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.