

DEDUCT **2** 1951 BIRTH NO. REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5210** Registrar's No. **238**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia - Columbia Tp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia - Columbia Tp.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Boone County Infirmary	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 6 Boone County Infirmary			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WILLIAM	c. (Last) CLAXTON	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 13, 1858	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lewis Claxton	13b. MOTHER'S MAIDEN NAME Sarah Robertson	14. NAME OF HUSBAND OR WIFE Emma Farris Claxton
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS G.M. Claxton, McBaine, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4214
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 10, 1951**, to **Sept 24, 1951**, that I last saw the deceased alive on **Aug 10, 1951**, and that death occurred at **7 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE F. C. Suggitt (Degree or title)	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 9-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG. Sept 27 1951	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

10-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-1-51

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 Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.