

FILED JUN 02 1986 CERTIFICATE OF DEATH DELAYED

235061 124 36- 049578

REGISTRATION DISTRICT NO. _____ PRIMARY REGISTRATION DISTRICT NO. _____ REGISTRAR'S NO. _____

DO NOT WRITE ON THIS STUB

2

4

5A (Type of Units)

7B

7C

8

10

12

14A

15A

15B

15C & E

15D

21A

24A

25

26

26

26

26

26

26

27

29A-F

29G-ST

29G-CO

29G-CY

±

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Passed away Sept. 26/36.

300
1/78

IF DEATH OCCURRED IN INSTITUTION, COMPLETE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

IF DEATH OCCURRED IN INSTITUTION, COMPLETE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

Picture of tomb stone and copy of obituary.

Conditions if any which gave rise to immediate cause stating the underlying cause last

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

1. Phoebe		MIDDLE Caroline (Hobart)		LAST Clary		SEX 2. Female		DATE OF DEATH (Mo., Day, Yr.) 3. Sept. 24, 1936	
RACE - (e.g. White, Black, American Indian, etc.) (Specify) 4. White		AGE - Last Birthday (Yrs.) 5a. 46		UNDER 1 YEAR MOS. 5b. DAYS 5c.		UNDER 1 DAY HOURS 6. April 4, 1890 MINS.		DATE OF BIRTH (Mo., Day, Yr.)	
CITY, TOWN OR LOCATION OF DEATH 7b. Goodman, Missouri		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 7c. Residence - Rural Route One							
STATE OF BIRTH (If not in U.S.A., name country) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married		SURVIVING SPOUSE (If wife, give maiden name) 11. David Oly Clary		WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SOCIAL SECURITY NUMBER 13. None		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Homemaker				KIND OF BUSINESS OR INDUSTRY 14b.			
RESIDENCE - STATE 15a. Missouri		COUNTY 15b. McDonald		CITY, TOWN OR LOCATION AND ZIP CODE 15c. Goodman 64843		STREET AND NUMBER 15d. Rural Route One		INSIDE CITY LIMITS (Specify Yes or No) 15e. no	
FATHER - NAME FIRST MIDDLE LAST 16. James Patterson Hobart		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17. Martha Laura Smith		INFORMANT - NAME (Type or Print) 18a. Christina Clary Billings		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 812 Boonville Rd Jefferson City MO 65101			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE 19a. Burial-Sept. 27, 1936		CEMETERY OR CREMATORY - NAME 19b. Fredonia Cemetery		LOCATION CITY OR TOWN STATE 19c. Fredonia, Kansas		FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) NUMBER 20a. 		NAME OF FACILITY ADDRESS OF FACILITY 20b. Williams Funeral Home 20c. Goodman, Missouri	
REGISTRAR 21a. (Signature) 		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 21b. June 2, 1986		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 			
DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.		DATE SIGNED (Mo., Day, Yr.) 23b.		HOUR OF DEATH 23c.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d.		M 23d. ON		PRONOUNCED DEAD (Mo., Day, Yr.) 23e. AT		M			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 24a.		MO. LICENSE NO. 24b.		IF HOSP OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 25.					
26. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		PART I (a) Hemorrhage		Interval between onset and death immediate					
		(b) Cancer		Interval between onset and death 9 years					
		(c)		Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 27.		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 28.					
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) 29a.		DATE OF INJURY (Mo., Day, Yr.) 29b.		HOUR OF INJURY 29c.		DESCRIBE HOW INJURY OCCURRED 29d.			
INJURY AT WORK (Specify Yes or No) 29e.		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 29f.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 29g.		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 30. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			

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 _____

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.