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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1677

Registration District No. 13 | Primary Registration District No. 3006 | Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community ..... years, months or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 120 McBaine Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CLARENCE CLAY TORBIT

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of ~~husband or~~ wife: Hallie Osborn

6. (c) Age of husband or wife if alive: Unknown

7. Birth date of deceased: May (Month) 11 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
50	9	0	..... hr. ..... min.

9. Birthplace: Boone County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Sheet Metal Worker

11. Industry or business: M. P. R. R.

MOTHER FATHER
12. Name: Nathaniel Torbit
13. Birthplace: Howard Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Lucellen Dunn
15. Birthplace: Boone County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Hallie Torbit
(b) Address: Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 13, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Stephens
(b) Address: Columbia, Mo.

19. (a) 2/13/42 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1942 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Jan 27, 1942 to Feb 11, 1942 that I last saw him alive on Feb 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Died during operation for Duodenal ulcer.

Due to: Immediate cause of death - probably operative shock.

Due to: .....

Other conditions (Include pregnancy within 3 months of death): 117 P 1

Major findings: Of operations: Duodenal ulcer.

Of autopsy: not done.

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? ..... (Specify type of place) (e) Means of injury: 0

23. Signature: Robert H. Simpson M.D. (M. D. or other)
Address: Columbia Mo. Date signed 2/12/42.

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 29 1942

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. D. Whitsides

Licensed Embalmer No. 3893

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.