

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34316

State File No. \_\_\_\_\_

FILED NOV 10 1943

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 344

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
408 East Fifth Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years (Specify whether years, months or days)

In this community 6 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. 408 East Fifth Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALLER LUTHER CLATTERBUCK

3. (b) If veteran, name war No

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 Myrtle Clatterbuck

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 2, 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Callaway County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business State Hospital No. #1

MOTHER FATHER { 12. Name John L. Clatterbuck

13. Birthplace Callaway County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy F. Reynolds

15. Birthplace Callaway County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Doc Smith

(b) Address Fulton Mo.

17. (a) Burial (b) Date thereof 10/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Fork Cemetery

18. (a) Signature of funeral director Geo H Wallace

(b) Address Fulton, Missouri

19. (a) 10-21-1943 (b) Joan M...hoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20  
year 1943 hour 3 minute 25 a. M.

21. I hereby certify that I attended the deceased from 9/30, 1943, to 10/20, 1943  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with hypertrophy

Due to arteriosclerosis

Duration

+ 2 months

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature Nemoy Diet (M. D. or other) h.D.

Address Fulton, Mo. Date signed 10/21/43

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

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**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, ~~only~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Albert E. Hester*.....

Licensed Embalmer No..... *4168*.....

P. O. Address..... *Clinton, 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.**