

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7325

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5042 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Exeter, Mo. R#</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>Olin</b> c. (Last) <b>Lauderdale</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 25 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 23 1895</b>	9. AGE (In years) last birthday <b>54</b>	IF UNDER 1 YEAR Months <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None- Invalid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Lauderdale</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Turner</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>E. C. Brewitt</b>	
				ADDRESS <b>Exeter, Mo. R#</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Disease of Coronary Arteries</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			<b>4301</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 3/22, 1949, to 3/25, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at Exeter, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>O. S. McCall M.D.</b>		23b. ADDRESS <b>Wheaton Mo</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-28-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Exeter Cem</b>	
				24d. LOCATION (City, town, or county) (State) <b>Exeter, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>March 31-1949</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris Boyd</b>	
				ADDRESS <b>Wheaton, Mo.</b>	

RECEIVED

District Health Officer No. 6,

District File Number 449-410

Date Filed 4-6-49

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

James H. Duncan Student Embalmer No. 308  
working under my personal supervision.

Student James H. Duncan  
Student Embalmer

Signed Wm Morris Rognie

Licensed Embalmer No. 3447

P. O. Address Wheaton 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.