

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

9581

State File No. ....

FILED MAR 30 1949

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3056

Registrar's No. 66

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Salisbury; R.F.D.#2</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Rural Route #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Albert</b> c. (Last) <b>Clotworthy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1949</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>	8. DATE OF BIRTH <b>May 9, 1867</b>	9. AGE (In years last birthday) <b>81</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Alexander Clotworthy</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Jane Keen</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Clotworthy</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ida Clotworthy; Salisbury, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>				<b>3-18-49</b>	
		ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cystitis</b>				<b>2-28-49</b>	
		DUE TO (c) <b>Hypertrophy Prostate</b>				<b>Unknown</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>43ix</b>					
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY); (STATE) <b>Moberly Randolph Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>			
22. I hereby certify that I attended the deceased from <b>Feb 28</b> 1949, to <b>Mar. 20</b> , 1949, that I last saw the deceased alive on <b>Mar 20</b> , 1949, and that death occurred at <b>7:55 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Luigi S. Jolly M.D.</b>			23b. ADDRESS <b>268 N. Clark Moberly Mo</b>		23c. DATE SIGNED <b>Mar 20 49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-22-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Old Prairie Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Prairie Hill, Missouri</b>	
DATE REC'D BY LOCAL REG <b>Mar 22-49</b>		REGISTRAR'S SIGNATURE <b>Leah Wheeler Lewis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b>		ADDRESS <b>Hunterville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
88  
6  
3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-49-53

Date Filed MAR 29 1949

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

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.