

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37862

State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 231

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>1 week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D., 7 Mi. east</u>	

3. NAME OF DECEASED (Type or Print) <u>IVA CLAPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 1949</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>November 30, 1897</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Catherine, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Abe Howe</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Anna Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Olen Clapp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Olen Clapp, Purdin, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 years</u> <u>20 years</u> <u>260X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 20, 1949, to Nov, 1949; that I last saw the deceased alive on Nov 28, 1949, and that death occurred at 7:15a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph W. Robinson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>11/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	24d. LOCATION (City, town, or county) (State) <u>St. Catherine, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>H. B. Ewing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>167</u> ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>
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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.