FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40129

BIRTH NO. 78389-49 REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5065 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mulberry Route #2
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mulberry Route #2
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Georgie
b. (Middle): Carrol
c. (Last): Claypool

4. DATE OF DEATH (Month) (Day) (Year): 12-14-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 12-10-1949
9. AGE (In years last birthday): 3 days — If under 1 year: Months / Days: 3 / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Mulberry R.R. #2
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: John Claypool
13b. MOTHER'S MAIDEN NAME: Melba Carpenter
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Claypool — ADDRESS: Mulberry Route 2

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none

DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* none

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10-1949, *to* 12-14, 1949, *that I last saw the deceased alive on* 12-13, 1949, *and that death occurred at* P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen W. Sandidge M.D.
23b. ADDRESS: Mulberry, Kansas
23c. DATE SIGNED: 12-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-49
24c. NAME OF CEMETERY OR CREMATORY: Liberal Cemetery
24d. LOCATION (City, town, or county) (State): Liberal Missouri

DATE REC'D BY LOCAL REG.: Dec 31, 1949
REGISTRAR'S SIGNATURE: Charlotte McDowell
25. FUNERAL DIRECTOR'S SIGNATURE: Otis Smith
ADDRESS: Funeral Home Mulberry, Kans

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 5 19[illegible]
District Health Office
District File Number 150 - 30
Date Filed 1-5-50

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 Chester M. Ward

Licensed Embalmer No. 1955

P. O. Address Pittsburg Ka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.