

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2205**

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Farmington)		c. LENGTH OF STAY (in this place) 11 Mos. 20 Das.		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		01231	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4				d. STREET ADDRESS (If rural, give location) 318 Victor St.			
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE		b. (Middle) SEBERT.		c. (Last) CHOATE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH April 7, 1898	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR 9 Months		IF UNDER 1 YEAR 13 Days		IF UNDER 1 HR. 1 Hour 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Randolph County, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sebert Choate		13b. MOTHER'S MAIDEN NAME Rena Bradford		14. NAME OF HUSBAND OR WIFE Mamie Mabel Gale			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo. ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, bilateral - At least 1 1/2 yrs. ANTECEDENT CAUSES Morbidity 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. Psychosis with latent lues INTERVAL BETWEEN ONSET AND DEATH 002 x B Unknown.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Feb. 18, 1949 to Jan. 20, 1950 , that I last saw the deceased alive on Jan. 20, 1950 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John A. Brenna, M.D.				23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 1-21-50.	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 1-22-50		24c. NAME OF CEMETERY OR CREMATORY Pocahontas Cemetery		24d. LOCATION (City, town, or county) (State) Pocahontas, Arkansas	
DATE REC'D BY LOCAL REG. Jan. 23, 1950		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE McNab Funeral Home, Pocahontas, Arkansas.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48140
2

RECEIVED

JAN 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-153

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.