

FILED MAR 1 1950
Dr. Taylor

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4093

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 48 PRIMARY REG. DIST. NO. 5173A Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>Chaffin</u>	c. (Last) <u>Clardy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec-3-1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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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>Household</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Meng</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Susan Carlton</u>	14. NAME OF HUSBAND OR WIFE <u>Grover C. Clardy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.C. Clardy, Cedar City, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>16 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension Cardiovascular</u>		
	ANTECEDENT CAUSES 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.		<u>443X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 1934, to Feb 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Taylor</u>	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>Feb 14-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 14-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR.</u>	FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2140

District File Number

District Health Officer No. 9,

RECEIVED FEB 21 1950

DEC 23 1954

SEP 14 1954

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

Erd P. Dull

Licensed Embalmer No. 3890

P. O. Address

Jefferson City 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.