

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24256

State File No. _____

FILED AUG 8 1950

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>713 East 14th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>McCLAMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 9, 1915</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR (Months) (Days) <u>11 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vita-Gas Store</u>	11. BIRTHPLACE (State or foreign country) <u>Blackwater, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward W. McClammer,</u>	13b. MOTHER'S MAIDEN NAME <u>Sr. Lena Elnora Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys LaBoube</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-18-0104</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glayds McClammer</u> 713 <u>East 14th</u> ADDRESS <u>Sedalia, Mo</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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2nd</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho sarcoma</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) _____	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 Jan, 1950, to Aug 1, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 4:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Jordan Bauffarth MD</u> (Degree or title)	23b. ADDRESS <u>Sedalia Missouri</u>	23c. DATE SIGNED <u>8-2-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/2/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Penninsula Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Cooper County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-2-1950</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>	GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DISTRICT HEALTH OFFICE No.
District File Number
Date Filed 8-7-50

AUG 10 1950

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

P. E. Baker

Licensed Embalmer No. 2419

P. O. Address *Sedalia 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.