No. 300
10.48

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

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26383

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, Missouri
c. LENGTH OF STAY (in this place): 8 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Prison Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (none given) 6490
d. STREET ADDRESS (If rural, give location): (" ")

3. NAME OF DECEASED (Type or Print): a. (First) Fay b. (Middle) Salom c. (Last) CLAPP

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 6/21/85

9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unk

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO. –

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Missouri State Prison Hospital, Jeff.City, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Cardiac Condition~~ Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) arter sclerosis

DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

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* May, 1950, *to* Aug 19, 1950, *that I last saw the deceased alive on* Found dead in cell, *and that death occurred at* Unk. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. O. McNally (Degree or title) MD — **23b. ADDRESS** Jefferson City Mo — **23c. DATE SIGNED** 20 Aug 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Aug-24-1950 — **24c. NAME OF CEMETERY OR CREMATORY** New City Cemetery — **24d. LOCATION** (City, town, or county) (State) Jefferson City, Missouri

DATE REC'D BY LOCAL REG. August 23-1950 — **REGISTRAR'S SIGNATURE** R. P. Darrie MD — **25. FUNERAL DIRECTOR'S SIGNATURE** Roy L. Jordan — **ADDRESS** Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-26
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-26-50

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.

Signed Ferd P Dulle

Signed _____
Student Embalmer

Licensed Embalmer No. 3890

P. O. Address Jefferson City

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.