

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35833

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6080 Registrar's No. 77

0950

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

1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Saline Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route # 20280</u>	
c. LENGTH OF STAY (in this place) <u>days</u>		d. STREET ADDRESS (If rural, give location) <u>St. James</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwater, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>MABEL</u> c. (Last) <u>Claggett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>DEC 16 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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		11. BIRTHPLACE (State or foreign country) <u>ST JAMES MO</u>	

13a. FATHER'S NAME <u>WILLIAM T WALLIS</u>		13b. MOTHER'S MAIDEN NAME <u>SABINA JANE DAWSON</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES D. CLAGGETT</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Muriel Dale St James Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES <u>(VERDICT)</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
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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.) <u>Caldwater</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caldwater STE Genevieve Co, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William J. Ellis 3rd Reg. Comm.</u>		23b. ADDRESS <u>STE. Genevieve, Mo</u>		23c. DATE SIGNED <u>10/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>OCT 25 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST JAMES MO</u>					

DATE REC'D BY LOCAL REG. <u>Oct. 30, 1950</u>		REGISTRAR'S SIGNATURE <u>Cheresa M. Karl-Depa</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington, Mo</u>	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 3 1950

RECEIVED

VS FEB 1 1961

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 Paul K. Deval

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.