S. No. 300
v. 10.48

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37948

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 362

0804

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hughesville 0800
d. STREET ADDRESS (If rural, give location) RFD # 1 1

3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) Ann c. (Last) Claycomb

4. DATE OF DEATH (Month) Nov. (Day) 14, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 3, 1874
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Shelbyville, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Talbert
13b. MOTHER'S MAIDEN NAME Mary
14. NAME OF HUSBAND OR WIFE William A. Claycomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Wm A. Claycomb - Hughesville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4221

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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 July 1950, to Nov 14, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W A Beckemeyer MD
23b. ADDRESS Sedalia Mo
23c. DATE SIGNED 11/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 16, 1950
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) Sedalia Mo (State)

DATE REC'D BY LOCAL REG. 11-16-50
REGISTRAR'S SIGNATURE A. F. Campbell MD
25. FUNERAL DIRECTOR'S SIGNATURE Boldie Hall deputy P. McLaughlin Bros. ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-20-57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-20-57

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 R P McCrary
Licensed Embalmer No. 3153
P. ~~O. Address~~ Idaho Me

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.