

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4738

State File No.

FILED MAR 11 1952

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 2023 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Coyook Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clay</u> b. (Middle) <u>Delar</u> c. (Last) <u>Clairborne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-3-52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3-15-1870</u>		9. AGE (In years last birthday) <u>82.</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Rail Road Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>	
11. BIRTHPLACE (State or foreign country) <u>Coyville Kan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>J.B. Clairborn</u>		13b. MOTHER'S MAIDEN NAME <u>Zytha Murray</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>702-03-9842</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Clairborne Mauch</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		DUPLICATE OF (b) <u>Fractured hip</u>		<u>5 da</u>	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>11 da</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SOURCE HOME/WORK <u>Fractured hip</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-21-52 8 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell. all home. (Hotel)</u>	

22. I hereby certify that I attended the deceased from 2-21, 1952, to 3-3, 1952, that I last saw the deceased alive on 3-3, 1952, and that death occurred at 9 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Adams M.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>2-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Soaf Monett Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett Mo</u>					

DATE REC'D BY LOCAL REG. <u>Mar-6-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. H. Allison Clinton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

422

EST. 1917

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. 2478

Signed Fred Wilkerson
Clinton Mo

Licensed Embalmer No. 2478

P. O. Address Clinton 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.