

FILED AUG 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25429

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 417 Jabez Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 417 Jabez Street			
3. NAME OF DECEASED a. (First) BESSIE		b. (Middle) BLANCHE	
		c. (Last) CLAPPER	
		4. DATE OF DEATH August 1, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 16, 1884
		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR 3 Months 15 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stoutsville, Missouri
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J.W. Long		13b. MOTHER'S MAIDEN NAME Gloria Bush	14. NAME OF HUSBAND OR WIFE Edward M. Clapper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-26-1235	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lowell Bowers, Richmond, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast ANTECEDENT CAUSES Morbidity 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 6 months		19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast	
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.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 170 X	
22. I hereby certify that I attended the deceased from Feb 1 - 1952 to Aug 1, 1952 that I last saw the deceased alive on Aug 1, 1952 and that death occurred 12:30 a.m. from the causes and on the date stated above.			
23a. SIGNATURE Malcolm Jackson (Degree or title)		23b. ADDRESS Richmond, Mo	
23c. DATE SIGNED 8-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-3-1952	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
DATE REC'D BY LOCAL REG. Aug 3, 1952	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas G. Carter ADDRESS Richmond, Mo	

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

2021 1 1 2021

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Va.

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.