S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26942

BIRTH NO. FILED AUG 6 1952 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Vernon 1080 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Township
c. LENGTH OF STAY (in this place) 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY McDonald 0600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Anderson 1
d. STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED (Type or Print)
a. (First) Claude
b. (Middle) E
c. (Last) January.

4. DATE OF DEATH (Month) (Day) (Year) July 29 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Dec 24-1892
9. AGE (If over 1 year last birthday) 59 | If under 1 year: Months 9 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Aroca Missouri
12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME F. M. January.
13b. MOTHER'S MAIDEN NAME Amanda Stokes
14. NAME OF HUSBAND OR WIFE Mae January.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital #3 **ADDRESS** Nevada 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Paralysis of the Insane — 14 years
DUE TO (c) Paretic Seizure — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Frac Femur Simple Neck (Left) — 5 days

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
025XF
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Fall.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hosp #3
21c. (CITY, TOWN, OR TOWNSHIP) Nevada Mo (COUNTY) Vernon (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 23 1952 1 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Had a Paretic Seizure. Fall

22. *I hereby certify that I attended the deceased from* Sept 25, 1951, *to* July 29, 1952, *that I last saw the deceased alive on* July 29, 1952, *and that death occurred at* 7:40 am *from the causes and on the date stated above.*

23a. SIGNATURE George Keeler Wilson (Degree or title) M.D.
23b. ADDRESS State Hospital #3
23c. DATE SIGNED July 29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7/29/1952
24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) Gravette, Arkansas (State)

DATE REC'D BY LOCAL REG. 7/31/52
REGISTRAR'S SIGNATURE Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home **ADDRESS** Nevada, Mo

(Licensed Embalmer's Statement on Reverse Side) F. W. Ferry

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 _____

Licensed Embalmer No. A760

P. O. Address Nevada 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.