

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35658

State File No.

620

OCT 18 1952

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5747 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Polk Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Polk Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. N.E. of Roselle</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. N.E. of Roselle</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZIE</u> b. (Middle) <u>BYRON</u> c. (Last) <u>CLUCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 20 1913</u>		9. AGE (In years last birthday) <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>paint & paper</u>	11. BIRTHPLACE (State or foreign country) <u>Paducah Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joseph Cluck</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Hamby</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Cluck</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kathryn Cluck, Fredericktown, 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>Myocardial Insufficiency with rupture</u> <u>Compensation anything</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
---	---	--	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>410 X</u> 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
--	--	----------------------------	--	--	--

22. I hereby certify that I attended the deceased from January, 1950, to Oct 8, 1952 that I last saw the deceased alive on Oct 3, 1952, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Slaughter M.D.</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>Oct. 21 1952</u>
---	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Knob Mo. Missouri</u>		
---	---------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <u>10-9-1952</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Ironton Mo.</u>		
---	---	--	----------------------------	--	--

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

MINN. SO. ...
FREDERICK TOWNE, M.D.

RECEIVED
OCT 17 1952
REGISTERED
FILE No. 1052-52

OCT 21 1952

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 Carol White

Licensed Embalmer No. 3012

P. O. Address London, 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.