

FILED NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3-054 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) BUFFALO TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) BUFFALO TOWNSHIP	
c. LENGTH OF STAY (in this place) 14 YRS		d. STREET ADDRESS (If rural, give location) R.F.D. #1-LOUISIANA, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1-LOUISIANA, MO			

3. NAME OF DECEASED (Type or Print) CHESTER EVERETT CLAPP			4. DATE OF DEATH (Month) (Day) (Year) NOV 3, 1952				
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 4, 1873	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. GEN. AGENT RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BURLINGTON, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME CHARLES CLAPP		13b. MOTHER'S MAIDEN NAME RHODA DUNHAM		14. NAME OF HUSBAND OR WIFE VEVE F. CLAPP	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. VEVE F. CLAPP - LOUISIANA, MO	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUPLICATE				12 hrs	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis				10 yrs	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Vascular Disease					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **5-1** 1952, to **11-3**, 1952, that I last saw the deceased alive on **11-3**, 1952, and that death occurred at **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. A. Sewell M.D.		23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 11-3-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE NOV 4, 1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) BURLINGTON, IOWA	
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DATE REC'D BY LOCAL REG. Nov 4, 1952		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Geo. M. Collier, Louisiana, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 25 1952

NOV 2 1952

OCT 17 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: *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.