

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13454

State File No. ....

FILED APR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Calloway 0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: in place before death.) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>12 Yes</u>	c. CITY OR TOWN <u>Shelbina</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp No 1 Fulton</u>		e. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sue</u> b. (Middle) <u>Belle</u> c. (Last) <u>Clapper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 26 1866</u>	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 12 HRS. last birthday Months Days Hours Min. <u>86 6 15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>Thomas N Garrison</u>		13b. MOTHER'S MAIDEN NAME <u>Elmira Neale</u>		14. NAME OF HUSBAND OR WIFE <u>William H Clapper</u>	
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Harold Clapper, Shelbina 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture right femur</u>		
	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	19b. MAJOR FINDINGS OF OPERATION <u>E9047 137 75</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>State Hospital</u>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Fulton Calloway Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 4 1953 7 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</u>

22. I hereby certify that I attended the deceased from April 4 1953, to April 11 1953, that I last saw the deceased alive on April 4 1953, and that death occurred at 12:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H J Fowler M D</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>4-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Shelbina Mo.</u>		

DATE REC'D BY LOCAL REG. <u>April 11 1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence 4260</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hayes Funeral Home, Shelbina Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 1953

MAR 24 1954

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.....  
Signature of Student Embalmer

Signed *Jack H Hayes*

Licensed Embalmer No. *3699*

P. O. Address *Helena, MT*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.