

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31555**

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5459** Registrar's No. **908**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bois D'Arc		c. CITY OR TOWN Bois D'Arc	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 week		e. STREET ADDRESS (If rural, give location) Rural Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 1			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) HENRY	c. (Last) CLOW	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 15, 1876
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	11. BIRTHPLACE (City and State or Foreign Country) Dexterville, Wisconsin
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Citrus Fruit	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Nettie Clow (Deceased)
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Janita Moss ADDRESS Bois D'Arc, Missouri

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 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hypostatic congestion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death religious belief.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 7824
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?

22. I hereby certify that I attended the deceased from **9-25-53**, 19**53**, to **9-25**, 19**53** that I last saw the deceased alive on **9-25-53**, 19**53**, and that death occurred at **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas F. Metz, D.O.	23b. ADDRESS Ash Grove, Missouri	23c. DATE SIGNED 9/30/1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/28/1953	24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery
24d. LOCATION (City, town, or county) (State) Greene County, Missouri		

DATE REC'D BY LOCAL REG. 10-3-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUN'L SERV. ADDRESS Spgfld, Mo.
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AYRE-GOODWIN FUNERAL SERVICE
 623 West Walnut
 SPRINGFIELD, MISSOURI
 MAKE A PERMANENT RECORD
 WRITE PLAINLY—USING UNFADING BLACK INK

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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..... *Harry Tyre*

Licensed Embalmer No. 4594

P. O. Address Springfield, M

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.