

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34887**

FILED OCT 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **328**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>915 S. Davis</b>			d. STREET ADDRESS (If rural, give location) <b>915 S. Davis</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) <b>E</b> c. (Last) <b>Inbody</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 6, 1953</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 28, 1869</b>	9. AGE (In years last birthday) <b>84</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Thomas Halley</b>	13b. MOTHER'S MAIDEN NAME <b>DK</b>	14. NAME OF HUSBAND OR WIFE <b>James T. Inbody</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>J. T. Inbody Kirksville Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
	ANTECEDENT CAUSES Morbid 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. <b>Infirmities of age</b>		<b>Yes</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)
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 June 1, 1953, to Oct 6, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>Edna M. Clark Doz</b>	23b. ADDRESS <b>Kirksville, Mo</b>	23c. DATE SIGNED <b>10/8/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-8-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kirksville, Mo. 1-48</b>
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DATE REC'D BY LOCAL REG. <b>10-21-53</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Doris F. Kigal</b>	ADDRESS
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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Harold R. King*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4296*

P. O. Address *Perkinsville*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.