

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **42072**BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) Ashland		d. STREET ADDRESS (If rural, give location) Di 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital									
3. NAME OF DECEASED a. (First) Issac			b. (Middle) Kirby		c. (Last) Clinkinbeard		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 28 1865		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months 0 Days 21 IF UNDER 24 HRS: Hours 0 Min. 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Clinkinbeard			13b. MOTHER'S MAIDEN NAME Martha Grimes			14. NAME OF HUSBAND OR WIFE Maggie Clinkinbeard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. -*		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Clinkinbeard Ashland Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus						INTERVAL BETWEEN ONSET AND DEATH 3 years	
		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. Advanced Arteriosclerosis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X						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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>6-29</u> , 19 <u>53</u> , to <u>12-19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>53</u> , and that death occurred at <u>5:30p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. M. Hardwick M.D.				23b. ADDRESS Ashland Mo.			23c. DATE SIGNED 12-20-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21 1953		24c. NAME OF CEMETERY OR CREMATORY New Salem Cent.			24d. LOCATION (City, town, or county) (State) Ashland Mo.		
DATE REC'D BY LOCAL REG. Dec 28 1953		REGISTRAR'S SIGNATURE Mrs R E Palmer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Burnett Ashland Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1955

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 *W. E. Burnett*

Licensed Embalmer No. *35-67*

P. O. Address *Ashtland Md*

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.