

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 10 Days		d. STREET ADDRESS (If rural, give location) 511 N. Odell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Terry	c. (Last) Claycomb	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25-1874	9. AGE (In years) (last birthday) 79	IF UNDER 1 YEAR Months 6	IF UNDER 12 HRS. Days 24	IF UNDER 12 MIN. Hours 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int. Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY Making Shoes		11. BIRTHPLACE (State or foreign country) Herndon, Missouri				

13a. FATHER'S NAME Fredrick Claycomb	13b. MOTHER'S MAIDEN NAME Carrie Zeigel	14. NAME OF HUSBAND OR WIFE Callie Riggins Claycomb
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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. 489-28-3562	17. INFORMANT'S SIGNATURE OR NAME Helen Claycomb-Marshall, Mo.	ADDRESS Marshall, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 Wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Disease		
	DUE TO (c) None		
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 None	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) Marshall, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from **Feb 1**, 19**54**, to **Feb 19**, 19**54**, that I last saw the deceased alive on **Feb 19**, 19**54**, and that death occurred at **2:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) Robin Kennedy	23b. ADDRESS M.D.	23c. DATE SIGNED 2-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/20/54	24c. NAME OF CEMETERY OR CREMATORY Hazel Grove	24d. LOCATION (City, town, or county) (State) 1 1/2 mi South of Marshall, Mo.
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DATE REC'D BY LOCAL REG. 2-19-54	REGISTRAR'S SIGNATURE Rudney T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE J. Lealie Sussman	ADDRESS Marshall, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 J. Leslie Swanson

Licensed Embalmer No. 2235

P. O. Address Marshall, 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.