

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16690

6690

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stoutsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOUTSVILLE 0690	
c. LENGTH OF STAY (in this place) 18 yrs		d. STREET ADDRESS (If rural, give location) STOUTSVILLE, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoutsville, Mo			

3. NAME OF DECEASED a. (First) DAVID b. (Middle) GENTRY c. (Last) CLAIRY			4. DATE OF DEATH (Month) (Day) (Year) MAY 17 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH SEPT 12, 1867			9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months 5 Days 5 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RET			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) TENNESSEE
13a. FATHER'S NAME WILLIAM THOMAS CLAIRY			13b. MOTHER'S MAIDEN NAME MARTHA JANE COLSON		14. NAME OF HUSBAND OR WIFE ETTA JANE CLAIRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Catharine Hayden Stoutville Mo ADDRESS Stoutville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio-sclerosis			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4501		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **May 2, 1953** to **May 17, 1954**, that I last saw the deceased alive on **May 1, 1954**, and that death occurred at **3:05 A.M.** from the causes and on the date stated above.

23a. SIGNATURE W. M. B. [Signature] (Degree or title) MD		23b. ADDRESS Barre, Mo.		23c. DATE SIGNED 5-18-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-19-54		24c. NAME OF CEMETERY OR CREMATORY STOUTSVILLE CEMETERY	
				24d. LOCATION (City, town, or county) (State) STOUTSVILLE MISSOURI	

DATE REC'D BY LOCAL REG. 5-18-54		REGISTRAR'S SIGNATURE J. D. Barnetson, D. 435-0		25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Sons ADDRESS Monroe City, Mo	
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Luce L. Thibault

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.