

FILED AUG 2 - 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22468

BIRTH NO.		REG. DIST. NO. 79		PRIMARY REG. DIST. NO. 5291		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty - Rural		c. LENGTH OF STAY (In this place) 17 Months		c. CITY (If outside corporate limits, write RURAL and give township) Smithville		d. STREET ADDRESS (If rural, give location) None		6000 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION I.O.O.F. Hospital				3. NAME OF DECEASED a. (First) Mary		b. (Middle) Edith		c. (Last) Clardy	
4. DATE OF DEATH (Type or Print) Mary		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 15, 1873		9. AGE (In years last birthday) 80		10. MONTH (Day) (Year) 8/11 1954	
5. SEX Female		6. COLOR OR RACE White		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. C. (Last) Clardy	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		14. NAME OF HUSBAND OR WIFE Oswald E. Clardy		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. None	
13a. FATHER'S NAME Thomas B. Hart		13b. MOTHER'S MAIDEN NAME Elva Smith		17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Scott Smithville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
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) Smithville		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500		21g. (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>1952</u> to <u>July 25, 1954</u> , that I last saw the deceased alive on <u>July 25, 1954</u> , and that death occurred at <u>4:25 a.m.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>Wm. H. Goodson</u>		23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>7/28/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Clay County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mabel Strahan</u>	
DATE REC'D BY LOCAL REG. July 30, 1954		REGISTRAR'S SIGNATURE 491		ADDRESS McComas Funeral Home Smithville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.