

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36230

State File No.

FILED NOV 9 - 1954

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before death?) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>	
c. LENGTH OF STAY (In this place) <u>minutes.</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In front of Ross-White Cafe</u>		d. STREET ADDRESS (If rural, give location) <u>Bloomfield, Mo. Route # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK</u> b. (Middle) _____ c. (Last) <u>CLARY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1954</u>
--	---

5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept. 23, 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____
------------------	----------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>crop farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Paris, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	---	---	---

13a. FATHER'S NAME <u>John Clary</u>	13b. MOTHER'S MAIDEN NAME <u>Pinkney Beaver</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>492-16-6323</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Clary, Advance, Mo. Route</u>	ADDRESS _____
---	--	--	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES		
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 _____	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray W. Grimes</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Dexter, Missouri</u>	23c. DATE SIGNED <u>10-29-54</u>
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 1, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11-4-1954</u>	REGISTRAR'S SIGNATURE <u>Lisa E. Mooney</u> <u>5100</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u>	ADDRESS <u>Bloomfield, Mo.</u>
---	---	---	--------------------------------

(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, & by Lulu

Cooper # 3499

~~Student Embalmer~~

working under my personal supervision.

Student
Student Embalmer

Signed

James C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.