

FILED FEB 25 1955

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4194**

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cedar County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Madison (Rural)</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play, Mo. (rural) Twsp. 1</u>		
c. LENGTH OF STAY (in this place)			d. STREET ADDRESS (If rural, give location) <u>East Madison.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ila</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Claypool</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1955</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 15 1886</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Amous Hackett</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda McCause</u>	
14. NAME OF HUSBAND OR WIFE <u>Callie L. Claypool</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Callie L. Claypool, Fair Play, Mo.</u>		17. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</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		
Morbid 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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?	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1955</u> , to <u>Jan 27 1955</u> , that I last saw the deceased alive on <u>Jan 27, 1955</u> , and that death occurred at <u>10 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S. C. McCraw</u>			23b. ADDRESS <u>Balivara Mo</u>		23c. DATE SIGNED <u>1-30-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fair Play, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-19-1955</u>		REGISTRAR'S SIGNATURE <u>Lewna Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Barker-Evans-Blue</u>	
				ADDRESS <u>Fair Play, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

200

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 *William B. Cruik*

Licensed Embalmer No. *30421*

P. O. Address *Colmar, 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.