

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26729

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5549</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>				
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural Richmond</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>Jayette Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maugherty Res. Home.</u>				STREET ADDRESS (If rural, give location) <u>Rural. 0450</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>McCLAMMER</u>			4. DATE OF DEATH (Month), (Day) (Year) <u>July 16 - 1956.</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>Mar. 20 - 1870</u>		
9. AGE (In years last birthday) <u>86.</u>		10. UNDER 1 YEAR Months _____ Days _____		10. OVER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Mo.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Jandy Coy</u>			13b. MOTHER'S MAIDEN NAME <u>Elinga Coy</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. W. Clammer.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dw. Lancaster</u>				
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>Coronary Thrombosis 1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension 6 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>				INTERVAL BETWEEN ONSET AND 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) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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>4-1</u> , 19 <u>56</u> , to <u>7-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-16</u> , 19 <u>56</u> , and that death occurred at <u>2</u> <u>PM</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Sloan M.D.</u>				23b. ADDRESS <u>Jayette Mo</u>		23c. DATE SIGNED <u>7-23-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 16. 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-23-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. L. Hall New Franklin, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1958

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
Signature of Student Embalmer

Signed *H. J. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Frank*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.