FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2178

Registration District No. 264 Primary Registration District No. 5889 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Bart
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elyaw — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ✓ — Length of stay in Hospital ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bart
c. CITY OR TOWN Elyaw — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS R F D (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Claybrook

4. DATE OF DEATH Month 2 Day 2 Year 1957

5. SEX 1 — 6. COLOR OR RACE W — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ — 8. DATE OF BIRTH 11-1-1866 — 9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months 3 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY ✓ — 11. BIRTHPLACE (City and state or country) Crawford Co, Mo — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Wright — 14. MOTHER'S MAIDEN NAME Unk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, civil war or dates of service) ✓ — 16. SOCIAL SECURITY NO. ✓ — 17. INFORMANT E. Claybrook Address Elyaw Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial hypertension
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/15/56 to 2/2/57 and last saw her/him alive on 1/30/57
Death occurred at 7:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. J. Hoerman (Degree or title) DO — 22b. ADDRESS Gainesville, Mo — 22c. DATE SIGNED 2/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify) — 23b. DATE 2/3-57 — 23c. NAME OF CEMETERY OR CREMATORY Elyaw — 23d. LOCATION (City, town, or county) Elyaw (State) Mo

24. FUNERAL DIRECTOR Robertson — ADDRESS Montrose Mo — 25. DATE RECD. BY LOCAL REG. 2-9-57 — 26. REGISTRAR'S SIGNATURE Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling in the symptoms, complications, and diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was/em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. D. Roberts

Licensed Embalmer No. 34

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.