

Public Health Service

STANDARD CERTIFICATE OF DEATH

3385

FILED JAN 29 1957

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbyville</u>		c. CITY OR TOWN <u>Shelbyville Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>Life</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>WILLIAM</u> Last <u>CLAGGETT</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>14</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 28 1866</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Shelby county</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>John Douglas Claggett</u>			14. MOTHER'S MMDEN NAME <u>Hattie M Stone</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT <u>MINNIE CLAGGETT</u> Address <u> </u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		<u>4500</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Prostatism Chronic leucorrhea, nephritis, Heart block</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>Aug 23 1956</u> to <u>Jan 14 1957</u> and last saw <u>him</u> alive on <u>Jan 14 1957</u> . Death occurred at <u>9:05 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>P. C. Cochran M.D.</u> (Degree or title)	22b. ADDRESS <u>Shelbyville Mo</u>	22c. DATE SIGNED <u>1-15-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BOYD L</u>	23b. DATE <u>JAN 16 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEWARK</u>	23d. LOCATION (City, town, or county) <u>NEWARK</u> (State) <u>MO</u>
24. FUNERAL DIRECTOR <u>E. P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-21-57</u>	26. REGISTRAR'S SIGNATURE <u>Uda Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

49-

1954

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..... *E. W. Munn*

Licensed Embalmer No... *27*

P. O. Address... *Bethel Mo*

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.