

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24462

State File No. ....

3348

No. 300

10-48

FILED AUG 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3348

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>W. City Mo.</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>	c. CITY OR TOWN <u>Oak Grove</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location of HOSPITAL OR INSTITUTION) <u>Research Hospital</u>		STREET ADDRESS (If rural, give location) <u>City of Oak Grove</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Collier</u> c. (Last) <u>Claycomb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 12 1880</u>
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Parts</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Herndon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred C Claycomb</u>		13b. MOTHER'S MAIDEN NAME <u>Carloyn Zeigle</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased - unk.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>491 20 8871</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evelyn Byers, Indianapolis Ind</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, ashenia, 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</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? <u>✓</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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>July 11, 1957</u> , to <u>July 15, 1957</u> ; that I last saw the deceased alive on <u>July 16, 1957</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. Liston M.D.</u> (Degree or title)		23b. ADDRESS <u>Oak Grove Mo</u>	23c. DATE SIGNED <u>7-17-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 19 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>
DATE REC'D BY LOCAL OFF. <u>7-18-57</u>	REGISTRAR'S SIGNATURE <u>Neva Minalall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Oak Grove Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
O. Liston, M.D.

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 *R. B. Webb* .....

Licensed Embalmer No. *231*

P. O. Address *Blue Springs*

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.