

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43656  
STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>12 Yrs</u>	d. STREET ADDRESS (If outside, give location) <u>709 Court St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edgar</u> Middle <u>S.</u> Last <u>Clatterbuck</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>29</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 16, 1882</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Judge of County Court</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>County Court</u>		11. BIRTHPLACE (City and state or country) <u>New Bloomfield, Mo</u>	
13. FATHER'S NAME <u>Richard Clatterbuck</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Holt</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>492-36-9421</u>		17. INFORMANT <u>Mrs. E. S. Clatterbuck</u> Address <u>Fulton, Mo</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>Coronary Occlusion</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> ?
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.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		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.)		20f. CITY, TOWN, OR LOCATION <u>Fulton</u>		20g. COUNTY <u>Callaway</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>1944</u> to <u>Death</u> and last saw her alive on <u>1-29-57</u> Death occurred at <u>8:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John J. Brown MD</u> (Degree or title)			22b. ADDRESS <u>Fulton Mo</u>		22c. DATE SIGNED <u>1-6-58</u>
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <u>Dec 31, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial Garden</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
24. FUNERAL DIRECTOR <u>Hallock Funeral Home</u>		ADDRESS <u>Fulton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan-6-1958</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

JAN 14 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 *Arthur R. Masure*.....

Licensed Embalmer No. *294*

P. O. Address *Fulton, N.Y.*

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.