

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

548

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 1

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Carter</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> | c. LENGTH OF STAY (In this place) <u>22 yrs</u> | c. CITY OR TOWN <u>Van Buren</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u> | | e. STREET ADDRESS (If rural, give location) <u>0180</u> | |

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|--|------------------------------|--|---|--|---|----------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolly</u> b. (Middle) <u>Etta</u> c. (Last) <u>M. Clintock</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1958</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec. 18 1872</u> | 9. AGE (In Years last birthday) <u>85</u> | IF UNDER 1 YEAR Months Days | IF UNDER 6 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Winona Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>William Chilton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Chas. W. M. Clintock</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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. W. M. Clintock Van Buren</u> | |

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|--|---|--|---|
| 18. DATE 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Chronic Arteriosclerosis</u> | | <u>1 year</u> <u>8 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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>4221</u> |
| 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 9-7-1950 to 1-27-1958, that I last saw the deceased alive on 1-17-1958 and that death occurred at 7:30 Am., from the causes and on the date stated above.

| | | | | |
|---|--|--|---|------------------------------------|
| 23a. SIGNATURE <u>Frank P. Pinski, D.O.</u> | | 23b. ADDRESS <u>Van Buren Mo.</u> | | 23c. DATE SIGNED <u>1-28-58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>1-29-58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u> | 24d. LOCATION (City, town, or county) (State) <u>Van Buren Mo.</u> | |
| DATE REC'D BY LOCAL OFFICE <u>Jan. 30-1958</u> | REGISTRAR'S SIGNATURE <u>Mrs Oeta Henderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beaton Peritt Van Buren Mo.</u> | | |

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

0180

RECEIVED

JAN 30 1958

CARTER COSMETOLOGY
HEALTH CENTER

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 *Seaton Pewitt*

Licensed Embalmer No. *228*

P. O. Address *Van Buren*

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.