

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009272
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 76

300
-57

Initial Only

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Colo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Camdenton</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>St. Mary's Hospital</u>		Length of stay in 1b <u>60 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>G.</u> Last <u>Claiborn</u>			4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 19, 1873</u>
9. AGE (In years last birthday) <u>84</u>		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done if retired) <u>Medical Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pulaski County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>D.A. Claiborn</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Huffman</u>		14. NAME OF HUSBAND OR WIFE <u>Lola Baker</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 <u>Crystal Cole</u>		Address <u>Lebanon, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Deletend obstruction</u> DUE TO (b) <u>Adhesive bands post (part)</u> DUE TO (c) <u>Appendiced abscess 4 days ago</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>46</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>6:15</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>615</u>	
20f. CITY, TOWN, OR LOCATION <u>Camden</u>		COUNTY <u>Camden</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>7-23-57</u> to <u>March 11-1958</u> and last saw <u>him</u> alive on <u>March 11-1958</u> Death occurred at <u>2:35 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Conrad P. Legabala M.D.</u>		22b. ADDRESS <u>Jefferson City, Mo.</u>	
22c. DATE SIGNED <u>3/15/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3/14/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Claiborn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Camden County, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Walter P. Hedges</u>		ADDRESS <u>Camdenton, Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>15 March 1958</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Durrie, M.D.-M.R.</u>	

MAR 19 1958

VS JAN 13 1960

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.