

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031501

STATE FILE NUMBER

RECORDED SEP 9 1958 Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY TANCY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TANCY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRANSON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Forsyth	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp	Length of stay in 1b 11 days	d. STREET ADDRESS (If outside, give location) rural Forsyth	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MABEL Middle Chace Last CLARKSON			4. DATE OF DEATH Month Sept Day 1 Year 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1903	9. AGE (In years last birthday) 54	F UNDER 1 YEAR Months 9 Days 19 Hours Min. 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or county) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Frank Williams	13b. MOTHER'S MAIDEN NAME Mary Stuart	14. NAME OF HUSBAND OR WIFE Hala Clarkson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Hala Clarkson	Address Forsyth, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parasitism of Colon		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Proctal obstruction	
	DUE TO (c) Mutatorionis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538		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.)
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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 Forsyth	COUNTY MO	STATE MO
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21. I attended the deceased from Aug 25 58 to Sept 1 58 and last saw her alive on Sept 23 1958 Death occurred at 6 am on the date stated above; and to the best of my knowledge from the causes stated.		
22a. SIGNATURE Helen Campbell (Degree or title)	22b. ADDRESS Forsyth Mo	22c. DATE SIGNED 9/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-3-58	23c. NAME OF CEMETERY OR CREMATORY Kiener Mills Cemetery	23d. LOCATION (City, town, or county) Kiener Mills	(State) MO
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24. FUNERAL DIRECTOR Wolbach	ADDRESS Forsyth Mo	25. DATE RECD BY LOCAL REG. 9/6/58	26. REGISTRAR'S SIGNATURE Helen Campbell
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 S. Cobb*

Licensed Embalmer No. *4731*

P. O. Address *Lawrence, Mo.*

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.