

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036830

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No.

157

Primary Registration District No.

3028

Registrar's No.

204

-1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage 0490	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If outside, give location) Route #1	
Length of stay in lb 2 wks.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Laura Rosezetta Clubb			4. DATE OF DEATH Month Day Year Nov. 5 1958		
-----------------------------------------------------------------------------------	--	--	---------------------------------------------------	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------	---------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
----------------------------------------------------------------------------------------------------------	------------------------------------------------	-------------------------------------------------------------	----------------------------------------

13a. FATHER'S NAME James F. Potts	13b. MOTHER'S MAIDEN NAME Sarilda Baldwin	14. NAME OF HUSBAND OR WIFE Bert M. Clubb
--------------------------------------	----------------------------------------------	----------------------------------------------

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 Thelma Clubb, Rt. #1, Carthage, Mo.	Address
-----------------------------------------------------------------------------------------------------------------	---------------------------------	------------------------------------------------------	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ARTERIO SCLEROSIS, GENERALIZED</i>		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500		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.) 4500
-----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 COUNTY STATE
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------

21: I attended the deceased from 10/1/58 to 11/5/58 and last saw her alive on 11/5/58  
Death occurred at 11:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Frank H. Binner M.D.</i>	(Degree or title) M.D.	22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 11-6-58
-----------------------------------------------	---------------------------	-------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo.
-----------------------------------------------------	----------------------	---------------------------------------------------------	----------------------------------------------------------------

24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-8-58	26. REGISTRAR'S SIGNATURE <i>Elly Clinton</i>
-------------------------------------------------------	---------	-----------------------------------------	--------------------------------------------------

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Robert H Knell .....

Licensed Embalmer No. 4459 .....

P. O. Address Carthage .....

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.