Health, Welfare Public Service

300
1-57

4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008762
STATE FILE NUMBER

FILED MAR 25 1959 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY ~~Jackson~~ Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Oak Grove~~ Liberty — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Odd Fellows Hosp — Length of stay in Hospital few wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Oak Grove 7000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Tom Middle Eldon Last Clampitt
4. DATE OF DEATH: Month March Day 19 Year 59

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 14 1892
9. AGE (In years last birthday): 66 — 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): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Wm Clampitt
13b. MOTHER'S MAIDEN NAME: Mary Brown
14. NAME OF HUSBAND OR WIFE: Sadonia Clampitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-19-9183
17. INFORMANT: SADONIA CLAMPITT Address: OAK GROVE MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years *
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): 4281
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 13, to March 18 and last saw ~~him~~ alive on March 18
Death occurred at Noon on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Floyd Goodson (Degree or title) M.D.
22b. ADDRESS Liberty Mo
22c. DATE SIGNED 3/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-21-59
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) Oak Grove Missouri

24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Oak Grove Mo
25. DATE RECD. BY LOCAL REG. 3-21-59
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

REC
MAR 2
CLAY
HEALTH C

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 ....—.... Signed ....William Frear....
Signature of Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.