

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035100

UNRECORDED

FILED VS STATE DISTRICT NO. **NOV 16 1959 13**

Primary Registration District No. **3003** Registrar's No. **139**

STATE FILE NUMBER

| | | | | | | | |
|--|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Barry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett | | Length of stay in 1b 37 Yrs. | | c. CITY OR TOWN Monett | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 204 Frisco Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Bob Claughton | | | | 4. DATE OF DEATH Month Day Year Oct. 31, 1959 | | | |
| 5. SEX Male | 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 Aug. 4, 82 | 9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months 2 Days 27 | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Frisco Railroad Employee | | | 10b. KIND OF BUSINESS OR INDUSTRY Kingston, Mo. | | 11. BIRTHPLACE (City and state or country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY |
| 13a. FATHER'S NAME Unknown | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Mary A. Claughton | | |
| 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 Address Mrs. Bob Claughton Monett, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis heart dis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Non arteriosclerosis | | DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE | |
| 21. I attended the deceased from 8-3-54 to 10-31-59 and last saw her ^{her} _{him} 10-31-59 Death occurred at 12145 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE F. J. Edwards (Degree or title) M.D. | | | | 22b. ADDRESS Monett, Mo. | | 22c. DATE SIGNED 11/2/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/2/59 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | | 23d. LOCATION (City, town, or county) (State) Monett, Mo. | | | |
| 24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo. | | | 25. DATE RECD. BY LOCAL REG. 11-2-59 | | 26. REGISTRAR'S SIGNATURE Mrs. P.N. Cook | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 17 1960

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.