URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59-036813

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 110

ENDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield, Missouri — Length of stay in 1b 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mc Larney Hospital — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Linn
c. CITY OR TOWN Laclede — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First William Middle L. Last Climie

4. DATE OF DEATH Month October Day 20 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 10-5-1886
9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days 15 — IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Robert Climie
13b. MOTHER'S MAIDEN NAME Druzilla Kirby
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1
16. SOCIAL SECURITY NO. 498-24-9942
17. INFORMANT Clifford Haley, Address Laclede, 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) Cerebral embolism & thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis, generalized — ~
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstructive emphysema & interstitial pneumonitis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 July 23, 1952, to Oct 20 1959 and last saw her/him alive on Oct 19, 1959
Death occurred at 6:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R Dixon MD (Degree or title)
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 10-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-22-59
23c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery
23d. LOCATION (City, town, or county) (State) Laclede, Missouri

24. FUNERAL DIRECTOR ADDRESS Blake Geddes BROTHERS FUNERAL HOME, Laclede, Mo
25. DATE RECD. BY LOCAL REG. 10-22-59
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

VS OCT 28 1959

VS NOV 20 1959

NOV 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ Blake Glidden, ~~Student Embalmer No.~~

working under my personal supervision.

~~Student~~ _____
Signature of Student Embalmer

Signed Blake Glidden

Licensed Embalmer No. 5019
BROTHERS FUNERAL HOME
P. O. Address Laclede, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.