

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038574

FILED VS NOV 9 1959

323

Primary Registration District No. **4474**

Registrar's No. **51**

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs		Length of stay in 1b 18 months	c. CITY OR TOWN Marshall
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lange Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 353 S Lafayette

3. NAME OF DECEASED (Type or print) First Middle Last CALLIE RIGGINS CLAYCOMB			4. DATE OF DEATH Month Day Year Nov. 3, 1959		
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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 7-4-1871	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Saline Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Riggins	13b. MOTHER'S MAIDEN NAME Eliza Henley	14. NAME OF HUSBAND OR WIFE Thomas Claycomb (dec)
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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. X	17. INFORMANT Address Marshall Miss Helen Claycomb 218 N Jefferson
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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) Acute heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 wk. 3 w.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Anemia	
	DUE TO (c) Hemorrhaging Cerebrum of Unknown Cause	
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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from **1958** to **1959** and last saw her ^{him} live on **11-3-59**
Death occurred at **8:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS Sweet Springs, Mo	22c. DATE SIGNED 11-4-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-1959	23c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cemetery	23d. LOCATION (City, town, or county) (State) Saline County, Missouri
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24. FUNERAL DIRECTOR ADDRESS Sweeney-Reser Funeral Home Marshall	25. DATE RECD. BY LOCAL REG. Nov. 4, 1959	26. REGISTRAR'S SIGNATURE Mary Mosley
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Jack W. Reese

Licensed Embalmer No. 4643

P. O. Address Marshall, W. Va.

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.