

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003033

FILED VS FEB 9 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 48

STATE FILE NUMBER

NDEB

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. FRANCOIS</u>		
b. CITY (If outside limits of the TOWNSHIP only) OR TOWN <u>BONNET TERRE, MO. ELVINS, MO.</u>		Length of stay in 1b	c. CITY OR TOWN <u>ELVINS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Thomas</u> Last <u>Clinton</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>5</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 6, 1888</u>	9. AGE (last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STORE</u>	11. BIRTHPLACE (City and state or country) <u>Graniteville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>HARRISON CLINTON</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY BROWN CLINTON</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Clinton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-05-5612</u>	17. INFORMANT Address <u>MRS. Clinton ELVINS, MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1) PNEUMONIA, 2) PYELITIS, 3) PULMONARY EMPHYSEMA.</u>				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 checked="" type="checkbox"/> NO <input 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 _____ 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 <u>1-26-60</u> to <u>2-5-60</u> and last saw her <u>alive</u> on <u>2-5-60</u> Death occurred at <u>12:29 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. Caldwell</u>			22b. ADDRESS <u>Flat River, Mo.</u>		22c. DATE SIGNED <u>2/6/60</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>BURIED</u>	23b. DATE <u>FEB 7, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOW CEM.</u>		23d. LOCATION (City, town, or county) <u>Bismarck, Mo.</u>	
24. FUNERAL DIRECTOR <u>R. CALDWELL SON'S</u>		ADDRESS <u>FLAT RIVER</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 7, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Esther Pudloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Donald Dale Caldwell, Student Embalmer No. 58

working under my personal supervision.

Student Donald Dale Caldwell Signed R. Caldwell  
Signature of Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River

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