URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 15 1960

ENDED

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. 1

~~60-005458~~ 005158
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Bome

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Bome

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ashland — Length of stay in 1b 14 years

c. CITY OR TOWN Ashland — Inside Limits Yes ☐ No ☑

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #1 — Inside Limits Yes ☐ No ☑

d. STREET ADDRESS Route #1 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: William Middle: Thomas Last: Clatterbuck

4. DATE OF DEATH Month: March Day: 9 Year: 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Nov 15, 1892

9. AGE (last birthday) 67

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and state or country) Guthrie Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME LORENZO CLATTERBUCK

13b. MOTHER'S MAIDEN NAME Caroline CLATTERBUCK

14. NAME OF HUSBAND OR WIFE RUBY CLATTERBUCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Ruby Clatterbuck Address

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary occlusion — "

DUE TO (c) Coronary arteriosclerosis — 3 years

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. ☐ Yes ☐ No ☐ Unknown

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 Coroner's Case and last saw her/him alive on

Death occurred at approx 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent P Perna MD Coroner

22b. ADDRESS Univ of Mo. Med Center Columbia

22c. DATE SIGNED March 9, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE March 12, 1960

23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery

23d. LOCATION (City, town, or county) (State) Ashland, Missouri

24. FUNERAL DIRECTOR Wm C. Burnett — ADDRESS Ashland, Mo.

25. DATE RECD. BY LOCAL REG. March 12, 1960

26. REGISTRAR'S SIGNATURE Mrs Mildred Burnett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 1 7 1980

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland

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