

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 27 1960

-60-027999

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City		Length of stay in 1b 10 Days	c. CITY OR TOWN Montrose Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elett Memorial Hospital		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 Cl Middle Arthur Last Clary			4. DATE OF DEATH Month July Day 18 Year 1960		
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 June 28, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 6 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Henry Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME A. V. Clary		13b. MOTHER'S MAIDEN NAME Mary Dunn Sevier		14. NAME OF HUSBAND OR WIFE Arminia Lee Clary	
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. Unknown	17. INFORMANT Address Oral V. Clary 708 Wilkerson Sedalia, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MESENTERIC THROMBOSIS		6 da
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		CHRONIC
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIA		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 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 _____ 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 NOV 1954 to July 18 1960 and last saw him alive on July 18 1960 Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

23a. SIGNATURE Robert H. Braunberger MD (Degree or title)		23b. ADDRESS Appleton City, Mo.		23c. DATE SIGNED 18 July 1960 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 19, 1960	23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery		23d. LOCATION (City, town, or county) Urich, Mo.

24. FUNERAL DIRECTOR A. J. Tansant, Clinton, Mo.	ADDRESS ---	25. DATE RECD. BY LOCAL REG. July 18 1960	26. REGISTRAR'S SIGNATURE Chas. Atney
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(Licensed Embalmer's Statement on Reverse Side)

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.