

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034025
STATE FILE NUMBER

FILED VS SEP 26 1960

46

Primary Registration District No. 4063

Registrar's No. 44

UNRECORDED

| | | | | | | | |
|--|--|--|--|--|--|---|-------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Caldwell | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton | | a. STATE Missouri COUNTY Caldwell | | c. CITY OR TOWN Hamilton | |
| Length of stay in 1b 84 Yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Minnie Middle Alice Last Clough | | | | 4. DATE OF DEATH Month Sept. Day 15, Year 1960 | | | |
| 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 5/24/1870 | 9. AGE (last birthday) 90 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY Caldwell Co., Mo. | | 11. BIRTHPLACE (City and state or country) U S .A. | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME Frederick Ellis Graer | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Rose Denney | | 14. NAME OF HUSBAND OR WIFE John Clough | | |
| 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. 349-28-7853 | | 17. INFORMANT Mrs. James Beaven St. Joseph, Mo Address | | | |
| 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) Cerebral Hemorrhage - | | | | | | 2 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) _____ | |
| DUE TO (c) _____ | | | | | | 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 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | |
| 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.) | | | |
| 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.) Hamilton Caldwell, Mo. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Nov-1946 to 9-15-60 and last saw her alive on 9-14-60 . Death occurred at 8 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE F. R. Daley, MD (Degree or title) | | | | 22b. ADDRESS Hamilton Mo. | | 22c. DATE SIGNED 9-16-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 17, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | | 23d. LOCATION (City, town, or county) (State) Hamilton, Mo. | |
| 24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo. | | | 25. DATE RECD. BY LOCAL REG. Sept 19-60 | | 26. REGISTRAR'S SIGNATURE Gladya Jones | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 29 1960

OCT 6 1960

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 Morris A. B.
Licensed Embalmer No. 391
P. O. Address Hamil

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.