

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046777

FILED VS DEC 22 1960 200

Primary Registration District No. 3041

Registrar's No. 189

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		Length of stay in 1b	c. CITY OR TOWN Macon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 315 Sheridan		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HERMAN Middle B. Last CLARKSON			4. DATE OF DEATH Month Dec. Day 10 Year 1960			
5. SEX Male	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 4/28/1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Treasurer		10b. KIND OF BUSINESS OR INDUSTRY County Government	11. BIRTHPLACE (City and state or country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jeremiah Clarkson		13b. MOTHER'S MAIDEN NAME Catherine Vickrey		14. NAME OF HUSBAND OR WIFE		
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.	17. INFORMANT Address Norvel Clarkson Dayton, Ohio			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure, acute					INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Bronchitis				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.)		
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 Dec 8 , to Dec 10, 1960 and last saw her/him alive on Dec 10, 1960 Death occurred at 3:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) James E. Campbell M.D.			22b. ADDRESS Macon Mo		22c. DATE SIGNED 12/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-13-1960	23c. NAME OF CEMETERY OR CREMATORY Oakwood	23d. LOCATION (City, town, or county) (State) Macon, Mo.			
24. FUNERAL DIRECTOR R. Lester Brann ADDRESS Macon, Mo.		25. DATE RECD. BY LOCAL REG. 12/18/60	26. REGISTRAR'S SIGNATURE Ruth McNeely			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 2 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Mason, N.J.

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.