MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000766
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4159 Registrar's No. 26

AMENDED

FILED VS FEB 14 1961

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pattonsburg, Mo. — Length of stay in 1b: 25 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Pattonsburg — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CLARA Middle: EVELYN Last: MOORE

4. DATE OF DEATH Month: February Day: 1 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: MAY 30 1867
9. AGE (last birthday): 93 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Warren Co. IND.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: J.A. Kidney
13b. MOTHER'S MAIDEN NAME: Mary Ogborn
14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Miss Neola Clevenger Address: Pattonsburg Mo

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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yr
DUE TO (c)
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 1955, to 2/1/61 and last saw her him alive on Jan 30, 1961
Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. L. Baumgardner D.O.
22b. ADDRESS: Pattonsburg Mo
22c. DATE SIGNED: 2/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-4-1961
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Mount Zion
23d. LOCATION (City, town, or county) (State): Harrison Co - Missouri

24. FUNERAL DIRECTOR: H.A. Robertson ADDRESS: Pattonsburg Mo.
25. DATE RECD. BY LOCAL REG.: 7th Feb. 1961
26. REGISTRAR'S SIGNATURE: Vergie M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5075

P. O. Address _____

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.