

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018173

STATE FILE NUMBER

AMENDED **F1** Registration District No. **18A** Primary Registration District No. **4293** Registrar's No. **10**

FD JUN 5 1961

DATE AMENDED
7/19/61

INSTEAD OF
July 28, 1910

SHOULD READ
July 28, 1913

ITEM NO.
8

DOCUMENT Own birth record

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elsberry Mo.		Length of stay in lb 15 yr.	c. CITY OR TOWN Elsberry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 S. 4th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 312 S. 4th St.
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE CLAGGETT			4. DATE OF DEATH Month Day Year May 4, 1961
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 July 28, 1910
9. AGE (last birthday) 50 4/29		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cloth cutter in Glove Factory		10b. KIND OF BUSINESS OR INDUSTRY Troy MO.	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Arthur Claggett	
13b. MOTHER'S MAIDEN NAME Agness Wing		14. NAME OF HUSBAND OR WIFE Elizabeth Claggett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Elizabeth Claggett
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE GASTRIC + ESOPHAGEAL HEM.		INTERVAL BETWEEN ONSET AND DEATH 1 HR	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE GASTRITIS AND/OR		UNIK.	
DUE TO (c) ESOPHAGEAL VARICES		UNIK.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 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 AUTOPSY ONLY and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Amir P. Wetlage M.D.		22b. ADDRESS TROY MISSOURI	22c. DATE SIGNED 5-5-61
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial	23c. DATE May 7, 1961	23d. NAME OF CEMETERY OR CREMATORY Anderson Hill Cemetery	23e. LOCATION (City, town, or county) (State) Lincoln County MO.
24. FUNERAL DIRECTOR D.W. McRoy Troy Mo		25. DATE RECD. BY LOCAL REG. 5/8/1961	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kintz

JUN 29 1961

JUL 18 1961

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 D. D. McEay
Licensed Embalmer No. 3586

P. O. Address Froy Mo.

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.