

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025789

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 99

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Johnson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		a. STATE Missouri COUNTY Johnson		c. CITY OR TOWN Warrensburg	
Length of stay in 1b 3 Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD # 4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Nursing Home				d. STREET ADDRESS (If outside, give location) RFD # 4			
3. NAME OF DECEASED (Type or print) First Middle Last James Orville Claunch				4. DATE OF DEATH Month Day Year Aug. 6, 1961			
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 8/10/76	9. AGE (last birthday) 84	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) Retd. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (City and state or country) Johnson Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Green Claunch			13b. MOTHER'S MAIDEN NAME Elizebeth Emerson		14. NAME OF HUSBAND OR WIFE Deceased		
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. none		17. INFORMANT Address Mrs Loyd VanMeter, Odessa, 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 10 years	
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____							
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. <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 11-8-49 to 8-6-61 and last saw her/him alive on 8-5-61 . Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS Warrensburg, Missouri.		22c. DATE SIGNED 8-7-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-8-61	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		23d. LOCATION (City, town, or county) (State) RFD # 4, Warrensburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS Sweeney Phillips, Warrensburg, Mo.				DATE REC'D. BY LOCAL REG. Aug. 7, 1961		REGISTRAR'S SIGNATURE Savannah Crutcherfield	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Earhart
Licensed Embalmer No. _____

P. O. Address Warrensburg, Miss

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.