MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-042047
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 452

FILED DEC 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 6269
2 0140 2
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4 1
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7 0
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9 4200
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12 2-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 6 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hosp — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First Sarah Middle Trellice Last Claypool
4. DATE OF DEATH: Month Nov Day 21 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: July 14-1873
9. AGE (last birthday): 89 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Ashland Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas Christian
13b. MOTHER'S MAIDEN NAME: Margaret Nichols
14. NAME OF HUSBAND OR WIFE: W.C. Claypool
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Roy Claypool — Address: New Bloomfield 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): Myocardial Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene of leg (arteriosclerotic)
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 Aug 27-1962 to Nov 21-62 and last saw her/him alive on Nov. 21-62
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A Ossman MD
22b. ADDRESS: Jeff. City, Mo.
22c. DATE SIGNED: 11-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/24/62
23c. NAME OF CEMETERY OR CREMATORY: New Bloomfield Cem
23d. LOCATION (City, town, or county) (State): Ashland Mo

24. FUNERAL DIRECTOR: Claypool Sec — ADDRESS: New Bloomfield Mo
25. DATE RECD. BY LOCAL REG.: 25 November 1962
26. REGISTRAR'S SIGNATURE: R P Dorris MD — N Richter, Dep

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. C. Burnett

Licensed Embalmer No. 2567

P. O. Address Ashland Wis.

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.