

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035503

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registered District **FILED OCT 13 1962** Primary Registration District No. **4339** Registrar's No. **49**VS 300  
Rev. 4/59

0690

8690

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1286-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Monroe</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Paris, Mo.</b>				Length of stay in lb <b>80 years</b>		c. CITY OR TOWN <b>Holliday</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Weatherspoon Rest Home</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Old Granville Bank</b>	
3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>Francis</b> Last <b>Dry</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>11th</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar 5 1882</b>	
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>--</b> Days <b>--</b>		IF UNDER 24 HR Hours <b>--</b> Min. <b>--</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Livestock</b>		11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Francis Dry</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Smith, Key</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Farm Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ) DUE TO (b) <b>Blow from T.H.</b> DUE TO (c) <b>-----</b>				INTERVAL BETWEEN ONSET AND DEATH <b>-----</b>			
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.) <b>-----</b>			
20c. TIME OF INJURY Hour <b>-----</b> Month <b>-----</b> Day <b>-----</b> Year <b>-----</b> a.m. <b>-----</b> p.m. <b>-----</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-----</b>		20f. CITY, TOWN, OR LOCATION <b>-----</b>		COUNTY <b>-----</b> STATE <b>-----</b>	
21. I attended the deceased from <b>-----</b> to <b>-----</b> and last saw her alive on <b>-----</b> Death occurred at <b>-----</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. M. Thompson MD</b> (Degree or title)				22b. ADDRESS <b>-----</b>		22c. DATE SIGNED <b>10-12-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-13-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Holliday, Mo.</b>	
24. FUNERAL DIRECTOR <b>Thompson-Mackler</b>				25. DATE REC'D. BY LOCAL REG. <b>10-12-62</b>		26. REGISTRAR'S SIGNATURE <b>J. A. Barnett M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Joseph R. Maule

Licensed Embalmer No. 4571

P. O. Address Madison, 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.