

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-007565**

STATE FILE NUMBER

AMENDED

Filed <sup>299</sup> ~~1962~~ <sup>1962</sup> Primary Registration District No. 6022 Registrar's No. 14

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Richmond township</u>   |   | Length of stay in 1b<br><u>2 days</u>   | c. CITY OR TOWN <u>Richmond</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u>   |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>402 E. Royle St.</u> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ARLEY</u> Middle <u>VENTON</u> Last <u>CLAYPOLE</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>13,</u> Year <u>1962</u>  |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>8/21/1892</u>                                     | 9. AGE (last birthday)<br><u>69</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>General farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Grundy County, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>  |
| 13a. FATHER'S NAME<br><u>Samuel Claypole</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Etta Barr</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Nancy Mae Rowan Claypole</u>           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>Mrs. Nancy Mae Claypole, Richmond, Mo.</u>   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Pneumonia</u>  |   |   |  |  |  |
| DUE TO (b) <u>Bronchiectasis</u>  |   |   |  |  |  |
| DUE TO (c) _____  |   |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Generalized Arteriosclerosis</u>  |   |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <u>5-7-57</u> to <u>2-13-62</u> and last saw <sup>her</sup> <sub>(him)</sub> live on <u>2-13-62</u><br>Death occurred at <u>3:35 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Thomas B. Coody M.D.</u>   |   |   | 22b. ADDRESS<br><u>Richmond Mo.</u>  |  | 22c. DATE SIGNED<br><u>2-14-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Feb. 15, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Richmond Memory Gardens</u>  | 23d. LOCATION (City, town, or county)<br><u>Richmond, Mo.</u>  |  |  |
| 24. FUNERAL DIRECTOR<br><u>Thurman Funeral Home, Richmond, Mo.</u>  |   | ADDRESS<br><u>IC 110</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>2-17-1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mabel Jackson</u>                        |  |

APR 26 1962

**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 Leona Thurman

Licensed Embalmer No. 1563

P. O. Address Richmond, 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.