

FILED MAR 13 1948

Registration District No. 177

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5218

State File No.

Primary Registration District No. 55694237

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Raytown
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
9008 E. 67th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Raytown
(If outside city or town limits, write "RURAL")
 (d) Street No. 9008 E. 67th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME James William Claybrook

(b) If veteran, name war no (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Henrietta Claybrook
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased Dec. 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 0 hr. min.

9. Birthplace Sticklerville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stonemason

11. Industry or business Building contracting

12. Name Samuel Claybrook

13. Birthplace Unknown

14. Maiden name Elizabeth Nelson

15. Birthplace Unknown

16. (a) Informant Mrs. Wm. Schaefer

(b) Address 9008 E. 67th Street

17. (a) Burial (b) Date thereof Feb. 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Clark Agent

(b) Address Raytown, Missouri

19. (a) 2/18/48 (b) Midwest Harwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
 year 1948 hour 6 AM minute 00 M.

21. I hereby certify that I attended the deceased from July 14, 1947, to Feb. 17, 1948;
 that I last saw him alive on Feb. 15, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (hypostatic)
 Due to Cardiac decompensation
 Due to Senility
 Other conditions Fractured hip
(Include pregnancy within 3 months of death)

Duration

1 wk

6 mo

6 mo

Major findings:
 Of operations 93D
 Of autopsy ---

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---
 (b) Date of occurrence ---

(c) Where did injury occur? ---
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? --- (Specify type of place) (e) Means of injury ---

23. Signature J. M. ... (M. D. or other)

Address Raytown, Mo. Date signed 2-18-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
..... Charles Stickney Registered Apprentice No. 64
working under my personal supervision.

Signed

Clark H. Fegert

Licensed Embalmer No. 3983

P. O. Address Raytown, Missouri

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 this body is not embalmed, fact should be so stated above.