No. 300
10.48

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20523

BIRTH NO. 38856-49 REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 5-947- Registrar's No. 19

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

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): - - - -
c. LENGTH OF STAY (in this place): 21days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. James, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. James, Missouri.
d. STREET ADDRESS (If rural, give location): - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): C.
c. (Last): Clarkson

4. DATE OF DEATH (Month) (Day) (Year): 5 22 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 5- 1 - 1949
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 21 — IF UNDER 24 HRS.: Hours 0, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Dr. John Clarkson
13b. MOTHER'S MAIDEN NAME: Lowis Huntwon
14. NAME OF HUSBAND OR WIFE: - - - - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Dr. John Clarkson St. James, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital heart lesion — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none

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11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Baby was not seen during its lifetime. Died in transit to Doctor's office.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1st *19*49, *to* May 1st, *19*49, *that I last saw the deceased alive on* ------, *19*___, *and that death occurred at* 4:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. K. Underwood M.D.
23b. ADDRESS: Rolla Mo
23c. DATE SIGNED: 6-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-23-1949
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): St. James, Missouri.

DATE REC'D BY LOCAL REG.: June 11, 49
REGISTRAR'S SIGNATURE: Cora E. Birmingham
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Oral E. Licklider, St. James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Body not Embalmed

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.