

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32850**

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6254 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRAVETON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graveton</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>CLORB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb. 24 1855</u>
9. AGE (In years, last birthday) <u>94</u>		9. AGE (In years, last birthday) <u>94</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Madison Co - Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Will Depiane</u>		ADDRESS <u>Graveton, Mo</u>	
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; asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>His age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 10, 1949</u> to <u>Sept 25, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Adam F. Depiane, M.D.</u>		23b. ADDRESS <u>Forestville, Mo.</u>	
23c. DATE SIGNED <u>9-30-49</u>		23c. DATE SIGNED <u>9-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 27 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graveton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/30/49</u>		REGISTRAR'S SIGNATURE <u>Bladye Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bladye Marshall</u>		ADDRESS <u>Graveton, Mo</u>	

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

RECEIVED 10-1-49

District Health Officer No. 4

District File Number 1049-1287

Date Filed

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

me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Fris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Quemille 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 this body is not embalmed, fact should be so stated above.