No. 300
10.48

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

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36259

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IANTHA
c. LENGTH OF STAY (In this place): 22 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

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

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

4. DATE OF DEATH (Month) NOV (Day) 8 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 16 1873
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BLOOMFIELD, MICHIGAN
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MARY MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARY WILMOT — ADDRESS: IANTHA, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old age — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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) Iantha (COUNTY) Barton (STATE) Mo
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* Nov 8, 19 49, *to* Nov. 8, 19 49, *that I last saw the deceased alive on* Nov 8, 19 49 *and that death occurred at* 8:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: DR. Guldner M.D. (Degree or title)
23b. ADDRESS: LAMAR
23c. DATE SIGNED: 11-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 11 1949
24c. NAME OF CEMETERY OR CREMATORY: IANTHA CEMETERY
24d. LOCATION (City, town, or county) (State): IANTHA, MISSOURI

DATE REC'D BY LOCAL REG.: Nov 11-1949
REGISTRAR'S SIGNATURE: Marie Konanko
25. FUNERAL DIRECTOR'S SIGNATURE: KONANTZ FUNERAL HOME — **ADDRESS**: LAMAR, MO. Earl H Konantz

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 14 1949
District Health Office No. 6,
District File Number 1149-1147
Date Filed 11-14-49

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.

Signed Frank W. Denton

Signed _____
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.