

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

|   |                                  |  |   |   |  |   |                                       |
|---|----------------------------------|--|---|---|--|---|---------------------------------------|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>294</u>  |   | PRIMARY REG. DIST. NO. <u>5056</u>  |  | Registrar's No. <u>569</u>  |                                       |
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Randolph</b>   |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Mo</b><br>b. COUNTY<br><b>Chariton</b> |  |   |                                       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Moberly</b>  |                                  | c. LENGTH OF STAY (In this place)<br><b>12 da.</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Triplett</b>   |  | b. COUNTY<br><b>Chariton</b>  |                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Wabash Hospital</b>   |                                  |  |   | d. STREET ADDRESS (If rural, give location)<br><b>1</b>   |  |   |                                       |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Clay</b><br>b. (Middle)<br><b>Old</b><br>c. (Last)<br><b>Clay</b>  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Dec. 15 1949</b> |   |  |   |                                       |
| 5. SEX<br><b>M</b>  | 6. COLOR OF HAIR<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>July 24/1877</b>                         |   | 9. AGE (In years last birthday)<br><b>72</b> | IF UNDER 1 YEAR<br>Months<br><b>4</b>   | IF UNDER 24 HRS.<br>Days<br><b>21</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>R R Agent retired</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sturgeon Mo.</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>USA</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                       |
| 13a. FATHER'S NAME<br><b>William T Old</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Smally</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Old</b>  |  |   |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><b>702-05-8253</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs Mary Old Triplett Mo.</b>   |  |   |                                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Cerebral Thrombosis</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Hypertensive Cardia.</b><br>DUE TO (c) <b>Nervous system</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 days</b><br><br><b>5 years</b><br><br><b>332X</b> |                                       |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |  | 20. AUTOPSY?<br>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)   |  |   |                                       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |                                  | 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 <b>Dec. 5</b> , 19 <b>49</b> , to <b>Dec. 15</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Dec. 15</b> , 19 <b>49</b> , and that death occurred at <b>1:50 a. m.</b> , from the causes and on the date stated above. |                                  |  |   |   |  |   |                                       |
| 23a. SIGNATURE<br><b>Henry Baker M.D.</b>   |                                  |  |   | 23b. ADDRESS<br><b>Wabash Hospital, Moberly, Mo</b>   |  | 23c. DATE SIGNED<br><b>Dec. 15, 1949</b>  |                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>12/18/49</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>McCullough</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Triplett Mo.</b>                        |                                       |
| DATE REC'D BY LOCAL REG.<br><b>12-18-49</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Paul William Jones</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>S. S. Shepard</b>  |  | ADDRESS<br><b>Mendon Mo</b>   |                                       |

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

JAN 31 1950

JAN 4 1951

SEP 6 1950

RECEIVED DEC 27 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 12-49  
Date Filed DEC 27 1950

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, xxxx

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed S. H. Shepard

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3970

P. O. Address Mendon 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.