No. 300
10-48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

434

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5765 Registrar's No. 3

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

1. PLACE OF DEATH
a. COUNTY: Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Guthrie Twp
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi N.E. Guthrie Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Calloway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural - Guthrie Twp
d. STREET ADDRESS (If rural, give location): 3 mi N.E. Guthrie Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle):
c. (Last): Clatterbuck

4. DATE OF DEATH (Month) 1 (Day) 5 (Year) 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 21-1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Thomas Clatterbuck
13b. MOTHER'S MAIDEN NAME: Mary E. Foster
14. NAME OF HUSBAND OR WIFE: Lula Clatterbuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Mrs Herbert Clatterbuck — ADDRESS: Fulton 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): General Arteria Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: One year

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4500

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* Jan 1, 1949, *to* Jan 5, 1950, *that I last saw the deceased alive on* Dec 15, 1949, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. McKusk M.D.
23b. ADDRESS: New Bloomfield Mo
23c. DATE SIGNED: Jan 6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan-7-50
24c. NAME OF CEMETERY OR CREMATORY: Dry Fork Cemetery
24d. LOCATION (City, town, or county) (State): 2 mi west Guthrie Mo

DATE REC'D BY LOCAL REG.: Jan 6-50
REGISTRAR'S SIGNATURE: Lehoy Claypool 34
25. FUNERAL DIRECTOR'S SIGNATURE: Holt-Claypool — ADDRESS: New Bloomfield Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 11 1950
District Health Officer No. 9,
District File Number----------

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 LeRoy Clayson

Licensed Embalmer No. 4412

P. O. Address New Bloomfield Me

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.