

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD SPFGM 1630 N. JEFFERSON

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAR 27 1950**

State File No. 8272

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 251

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>5 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>617 West Tampa St</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springfield</u> d. STREET ADDRESS <u>617 West Tampa St</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Anna</u> b. (Middle) <u>b</u> c. (Last) <u>Clanton</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar 18 1950</u>		
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<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>		<b>8. DATE OF BIRTH</b> <u>3/23/1873</u>		<b>9. AGE</b> (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Barry County Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
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<b>13a. FATHER'S NAME</b> <u>Charles Coones</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Baze</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>James Clanton</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>J Floyd Clanton</u>		<b>ADDRESS</b> <u>Springfield Mo.</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gentle hypertensive cardiovascular disease -</u> ANTECEDENT CAUSES <u>gentle arteriosclerosis</u> 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 <u>dehydration + inanition</u> Conditions contributing to the death but not related to the disease or condition causing death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>many yrs.</u> <u>" "</u> <u>473X</u> <u>at least 6 mo.</u>	
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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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22. I hereby certify that I attended the deceased from May 1950, to 18 Mar, 1950, that I last saw the deceased alive on 18 Mar, 1950, and that death occurred at 10.55 p.m. from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>James S. Knab, M.D.</u>		<b>23b. ADDRESS</b> <u>1630 N. Jefferson, Springfield</u>		<b>23c. DATE SIGNED</b> <u>20 Mar 50</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Mar 21 1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Odd Fellows Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Marionville Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-20-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W.E. Landry</u>		<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J.D. Surrige</u>		<b>ADDRESS</b> <u>Marionville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

**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

*Herman Turridge*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3072

P. O. Address Marionville 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.