

FILED SEP 11 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 27451

BIRTH NO.		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 385	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>MARCELINE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRUNSWICK</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOS</u>				d. STREET ADDRESS <u>RURAL</u>			
9. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>		b. (Middle) <u>BERNARD</u>		c. (Last) <u>CLAVIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-22-1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>10-18-1879</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO (RURAL)</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO (RURAL)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOS. CLAVIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GOETZ</u>		14. NAME OF HUSBAND OR WIFE <u>WIDOWER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHAS CLAVIN BRUNSWICK 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Circulatory Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerotic Heart Dis.</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>1200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <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>July 1949</u> , to <u>8-21</u> , 1950, that I last saw the deceased alive on <u>8-21</u> , 1950, and that death occurred at <u>3:00pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard W. Jones</u>				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>8-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>NORIALU</u>		24b. DATE <u>8-24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. RAPHAEL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK (RURAL) MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 22-50</u>		REGISTRAR'S SIGNATURE <u>Richard W. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. ...</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 7 1950  
DISTRICT HEALTH OFFICE #  
District File Number 9-50-1  
Date Filed: SEP 8 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, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*L. M. Maes*

Licensed Embalmer No. *823*

P. O. Address \_\_\_\_\_

*Brunswick, N.C.*

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.