

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21811**

FILED JUL 2- 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give town) Nevada		c. LENGTH OF STAY (In this place) 15 mo		c. CITY (If outside corporate limits, write RURAL and give township) Iantha		0060	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sunderwirth Convalescent Home				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) SCOTT		b. (Middle) Samuel		c. (Last) CLARIDA		4. DATE OF DEATH (Month) (Day) (Year) June 20 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 21, 1878		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 9 Days 29 IF UNDER 2 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Barry County, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Thomas Clarida			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Florence Clarida	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Clarida, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr 1 yr	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154X			
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 April 10 , 1951, to June 18 , 1951, that I last saw the deceased alive on June 18 , 1951, and that death occurred at 5:00 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Newton M.D.				23b. ADDRESS Nevada 70		23c. DATE SIGNED 6-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/22/1951		24c. NAME OF CEMETERY OR CREMATORY Barton City Cemetery		24d. LOCATION (City, town, or county) (State) Barton County, Missouri	
DATE REC'D BY LOCAL REG. 6-22-1951		REGISTRAR'S SIGNATURE Anna E. Ferry		451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Funeral Home, Lamar, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

877

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED JUN 26 1951~~

~~Dist. File _____~~

~~Date Filed _____~~

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 26 1951

Dist. File 657-1384

Date Filed 6-28-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Franklin Denton

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.