

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1981

State File No. ....

FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 7

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> |  |
| b. CITY OR TOWN <u>Macon</u>                                      | c. LENGTH OF STAY (in this place) <u>18 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Valley 0616</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u> |  | d. STREET ADDRESS (If rural, give location) <u>6 mi. North of Callao</u>   |  |

|  |                               |   |   |  |  |
|--|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Lawrence Owings Clarkson</u>   |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>Jan. 23, 1952</u> |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 26, 1886</u>                         | 9. AGE (in years last birthday) <u>65</u>          | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Committeeman P.M.A. Office</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     |   | 11. BIRTHPLACE (State or foreign country) <u>0</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>  |                               |   |   |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>W.O. Clarkson</u>                                     |  | 13b. MOTHER'S MAIDEN NAME <u>Alice Owings</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Virginia S. Clarkson</u>            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>None</u>           |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lawrence O. Clarkson</u> |  |
|   |  |   |  | ADDRESS <u>Callao, Mo.</u>   |  |

|   |  |   |  |  |                                  |  |
|---|--|---|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>   |  | ANTECEDENT CAUSES   |  |  | <u>1-7-52</u>                    |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  | <u>1-7-52</u>                    |  |
|   |  | DUE TO (b) <u>Coronary Thrombosis</u>   |  |  |                                  |  |
|   |  | DUE TO (c) <u>Coronary Heart Disease</u>  |  |  | <u>9-19-51</u>                   |  |
| II. OTHER SIGNIFICANT CONDITIONS  |  | Conditions contributing to the death but not related to the disease or condition causing death.     |  |  |                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION. <u>4201</u>  |  | 20. AUTOPSY? 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) |  | 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 9-19, 1951, to 1-23, 1952 that I last saw the deceased alive on 1-23, 1952 and that death occurred at 11:30 p.m., from the causes and on the date stated above.

|   |  |                                |  |   |  |
|---|--|--------------------------------|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)     |  | 23b. ADDRESS <u>Macon, Mo.</u> |  | 23c. DATE SIGNED <u>1-26-52</u>                                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>1-26-51</u>       |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Chariton</u>              |  |
|   |  |                                |  | 24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>2/6/52</u> |  | REGISTRAR'S SIGNATURE <u>North McNeely</u> 185 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> ADDRESS <u>Macon, Mo.</u> |  |
|--|--|--|--|--|--|

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

RECEIVED

RECEIVED

RECEIVED 2-11-52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2-52-39  
Date Filed 2-13-52

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 Thos. L. Roth

Licensed Embalmer No. 4552

P. O. Address Macon, 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.