

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19947

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 54

0290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION State St.		d. STREET ADDRESS (If rural, give location) State St.	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Lee c. (Last) Clabough			4. DATE OF DEATH (Month) (Day) (Year) June 25 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH nov 30, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 6 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Dade co mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James M Clabough		13b. MOTHER'S MAIDEN NAME Barbara Clabough		14. NAME OF HUSBAND OR WIFE Naney A. Clabough	
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 Naney A. Clabough Greenfield 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		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		
	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. Rheumatoid arthritis		20 yr	
19a. DATE OF OPERATION 1951 (unknown)	19b. MAJOR FINDINGS OF OPERATION Carcinoma prostate		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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177X	

22. I hereby certify that I attended the deceased from **3-21**, 19**51**, to **6-25-52**, 19**52**, that I last saw the deceased alive on **6-23**, 19**52** and that death occurred at **6:15p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) See a m c Neely m D		23b. ADDRESS Greenfield, Mo		23c. DATE SIGNED 6-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-28-52	24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield Mo	

DATE REC'D BY LOCAL REG. 6-28-52	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Allison Greenfield Mo	
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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 W.P. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville

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.