

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

27099

State File No. ....

FILED AUG 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>0077</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u> c. LENGTH OF STAY (In this place) <u>14 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> <u>0070</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Claypool</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 1952</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept 11 1870</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work at the time of death, even if retired) <u>Ret. Hosp.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ursulles Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Benton Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Jerusha Huff</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred H. Claypool</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, where, unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Lacy Adrian</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberc. pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>3 weeks</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) <u>Adrian, Mo.</u>		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 <u>July 16, 1952</u> to <u>Aug 11, 1952</u> ; that I last saw the deceased alive on <u>Aug 11, 1952</u> , and that death occurred at <u>9:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Robinson M.D.</u>				23b. ADDRESS <u>Adrian, Mo.</u>		23c. DATE SIGNED <u>8-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurgent Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 13-52</u>		REGISTRAR'S SIGNATURE <u>Rendall Konyo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath &amp; Sif</u> ADDRESS <u>Adrian Mo.</u>			

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

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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..... *Leslie*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.