

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37605

State File No.

FILED DEC 15 1952

BIRTH NO. ... REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Barton Twp.</u>		c. LENGTH OF STAY (in this place) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi. west Lamar, Frisco, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iantha, Mo.</u>	
		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>R.</u>	c. (Last) <u>McClarinton</u>	(Month) <u>Dec.</u>	(Day) <u>9</u>	(Year) <u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 1, 1880</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 15 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>1</u>	11. UNDER 15 MIN. Hours <u>0</u> Min. <u>0</u>
11a. BIRTHPLACE (State or foreign country) <u>South Dakota</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>George McClarinton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Marion McClarinton</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Clyde McClarinton, Liberal, Mo.</u>	ADDRESS <u>Liberal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest Pending</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Severe Skull fracture		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Multiple fracture & chest injury</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>oob</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi. west of Lamar Frisco RR. Central Twsp, Barton Co. Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barton Co. Mo.</u>
--	--	--

21d. TIME OF INJURY <u>Dec. 9 1952 12:05 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by moving freight train on R.R. crossing</u>
--	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 12:05 P.M. on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE <u>W. Harmon Carraway</u>	23b. ADDRESS <u>Liberal, Mo.</u>	23c. DATE SIGNED <u>Dec 11-52</u>
---	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-11-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K. P. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maitland, Missouri</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>DEC 11 1952</u>	REGISTRAR'S SIGNATURE <u>Marie Korantz</u>	52. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Chalk</u>	ADDRESS <u>Lamar Mo</u>
--	---	--	----------------------------

(Licensed Embalmer) Statement on Reverse Side

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

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, only _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence W. Childs _____

Licensed Embalmer No. 3473 _____

P. O. Address James MD _____

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.

1-2-2-1