

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21364**

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 406

0402

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton,	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 510 E. 7th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 E. 7th St			

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3. NAME OF DECEASED (Type or Print) a. (First) EDMOND b. (Middle) LEE c. (Last) CLAPP			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1953				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days 1	IF UNDER 24 HRS. Hours 	IF UNDER 15 MINS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auctioneer		10b. KIND OF BUSINESS OR INDUSTRY sales		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Resin Clapp	13b. MOTHER'S MAIDEN NAME Nancy Embuff	14. NAME OF HUSBAND OR WIFE Rose Clapp
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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. 498-24-5819	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Clapp, Trenton	ADDRESS Trenton
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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 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 17, 1953, to June 29th, 1953, that I last saw the deceased alive on June 29th, 1953, and that death occurred at 7:30P m. from the causes and on the date stated above. **304**

23a. SIGNATURE Clair F. Duffy MD	23b. ADDRESS Trenton Mo	23c. DATE SIGNED June 29 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Maple Grove	24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Mo.
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DATE REC'D BY LOCAL REG. 7-2-53	REGISTRAR'S SIGNATURE Drene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Donald H. Slater	ADDRESS Trenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1961

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

Donald H. Slater

Signed.....
Student Embalmer

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.