

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25711**  
Registrar's No. **32**

FILED AUG 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4340**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Monroe</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stoutsville</b> c. LENGTH OF STAY (in this place) <b>17 hrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stoutsville, Mo</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stoutsville</b> <b>0690</b> d. STREET ADDRESS (If rural, give location) <b>0</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ETTA</b> b. (Middle) <b>JANE</b> c. (Last) <b>Clairy</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 30 1953</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>April 17, 1882</b>
<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>OWN HOME</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>ROLLS COUNTY, Mo</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	<b>13a. FATHER'S NAME</b> <b>JAMES NETT</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary D. Hardwick</b>	<b>14. NAME OF HUSBAND OR WIFE.</b> <b>David G. Clairy</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <input checked="" type="checkbox"/>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Arthur Hayden</b> <b>ADDRESS</b> <b>Stamford Mo</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>N.K.</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		_____	
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from <u>Aug. 31</u>, 19<u>51</u>, to <u>July 30</u>, 19<u>53</u>, that I last saw the deceased alive on <u>July 22</u>, 19<u>53</u>, and that death occurred at <u>7 AM</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>F. A. Barnett, M.D.</b>		<b>23b. ADDRESS</b> <b>Paris, Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-1-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>8-2-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Stoutsville Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Stoutsville Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>8-1-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>F. A. Barnett</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wilson &amp; Son's</b> <b>ADDRESS</b> <b>Monroe City Mo</b>	

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leone I. Hilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.