

STANDARD CERTIFICATE OF DEATH

7742

State File No.

FILED APR 1 1954

BIRTH NO. REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4045 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u> <u>01:00</u>	
c. LENGTH OF STAY (in this place) <u>Wife</u>		d. STREET ADDRESS (If rural, give location) <u>IN TOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN TOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle), <u>Alvin C.</u> c. (Last) <u>Claypool</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 19 54</u>		
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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>Sept 27-1894</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>22</u>	Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Vernon County MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Jesse Claypool</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Smithers</u>	14. NAME OF HUSBAND OR WIFE <u>Clara P. Claypool</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>488-32-3946</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Tate, Columbian Mo</u>	ADDRESS <u></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>none</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Damage</u>		<u>1-2 years</u>
	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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. <u></u>	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 3-15-53, 1953, to 3-19, 1954, that I last saw the deceased alive on 3-18, 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Hardwieke</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ashland Mo.</u>	23c. DATE SIGNED <u>3-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-20-54</u>	REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt-Burnett Ser</u>	ADDRESS <u>Ashland</u>
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(Licensed Embalmer's 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, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed L. Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield, N.Y.

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.