No. 300
10.48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23899

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 264

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (In this place): 8 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOTHWELL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN: SEDALIA
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 315 S. MASS. 0804 0

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) A. c. (Last) Clopton

4. DATE OF DEATH (Month) (Day) (Year): 7- 14- 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 4, 1876
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CASHIER
10b. KIND OF BUSINESS OR INDUSTRY: RESTAURANT
11. BIRTHPLACE (City and State or Foreign Country): PETTIS COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CLARENCE EDWARD CLOPTON
13b. MOTHER'S MAIDEN NAME: Pamelia Hannah (Hunt)
14. NAME OF HUSBAND OR WIFE: DELLA MAUDE CLOPTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): Family doesn't know
17. INFORMANT'S SIGNATURE OR NAME: Melvin M. Clopton — **ADDRESS**: Little Rock Ark.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) R. Side cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-Sclerosis — 2 yrs
DUE TO (c) Hypertension — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Heat Exhaustion — 24 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X F
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13- *, 19* 54 *, to* 7-14 *, 19* 54 *that I last saw the deceased alive on* 7-13- *, 19* 54 *, and that death occurred at* 1:00 A. *m. from the causes and on the date stated above.*

23a. SIGNATURE: Thomas B. Young (Degree or title) M.D.
23b. ADDRESS: Sedalia, Mo
23c. DATE SIGNED: 7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-54
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 7-15-54
REGISTRAR'S SIGNATURE: Lavina Coontz Dep.
251-
25. FUNERAL DIRECTOR'S SIGNATURE: M. Laughlin Bros.
ADDRESS: Sedalia Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed K P M Crary

Licensed Embalmer No. 31

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.