

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26128**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 229		
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Adair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 4 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		00130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughtlin Hospital				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) Laurel Claybrook			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug 14 - 1954		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH May 5 1879		9. AGE (in years last birthday) 75	10. UNDER 1 YEAR 3	11. UNDER 2 HRS. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeping		10b. KIND OF BUSINESS OR INDUSTRY home work		11. BIRTH PLACE (State or foreign country) macon Co mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James V. Fry		13b. MOTHER'S MAIDEN NAME Margaret Ayco		14. NAME OF HUSBAND OR WIFE Levas Claybrook				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME E. W. Egan ADDRESS macon, mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis					30 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.					6 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 332X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from April 5, 1954 , to Aug 14, 1954 , that I last saw the deceased alive on Aug 14, 1954 , and that death occurred at 5:10 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE A. T. Rhoads (Degree or title) DO				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 8-17-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 16-1954	24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		24d. LOCATION (City, town, or county) (State) La Plata mo			
DATE REC'D BY LOCAL REG. 8-22-54		REGISTRAR'S SIGNATURE Kate Lambert 1-0		25. FUNERAL DIRECTOR'S SIGNATURE H. Woodding ADDRESS Atlanta, Mo.				

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 H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.