

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36927

State File No. ....

No. 300  
10.48

FILED NOV 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Lavies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Pucas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marion Twp in transit</u>		c. LENGTH OF STAY (in this place) <u>in transit</u>	c. CITY OR TOWN <u>Russell</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Rural</u>		<u>1514 S</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEE</u>	b. (Middle) <u>- WILLARD -</u>	c. (Last) <u>CLANIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-9-1954</u>
-------------------------------------	-----------------------	--------------------------------	-------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-30-1924</u>	9. AGE (In years last birthday) <u>30</u>	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) <u>Catapillar driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dist. construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russell rural-Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>William Clavin</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Sellers</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Hull Clavin</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>U.S.A. 1946 478-32-3031</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clare Collins</u>	ADDRESS <u>Russell, Iowa</u>
--	---	--	------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Marion Twp Davess Mo</u>	(STATE)
---	--	---	---------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 9 1954 7:45 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:15A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clare Collins</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Pattonsburg Mo</u>	23c. DATE SIGNED <u>Nov 13, 54</u>
-------------------------------------	-------------------------------	------------------------------------	------------------------------------

24a. DATE OF BURIAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Russell Iowa</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>16 Nov. 1954</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engeler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. ...</u>	ADDRESS <u>Pattonsburg, Mo.</u>
--	--	--	---------------------------------

(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.....  
Signature of Student Embalmer

Signed *Louis Quent*.....

Licensed Embalmer No. *404*

P. O. Address *Putnam*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.