

STANDARD CERTIFICATE OF DEATH

State File No. **40704**

BIRTH DATE: **FILED DEC 20 1954** REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **4206** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give town) New Hampton		c. CITY OR TOWN New Hampton	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 21 yrs		e. STREET ADDRESS (If rural, give location) North part of New Hampton	
d. FULL NAME OF HOSPITAL OR INSTITUTION North part of New Hampton			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) R.	c. (Last) Clabaugh	4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug 30 1889	9. AGE (In years last birthday) 65	10 UNDER 1 YEAR 3 Months	11 UNDER 1 HOUR 12 Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad man	10b. KIND OF BUSINESS OR INDUSTRY Electrician	11. BIRTHPLACE (City and State or Foreign Country) Harrison County MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edie J. Clabaugh	13b. MOTHER'S MAIDEN NAME Anise C Kinote	14. NAME OF HUSBAND OR WIFE Never married
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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) Yes World War I	16. SOCIAL SECURITY NO. Dond 760	17. INFORMANT'S SIGNATURE OR NAME W. H. Clabaugh	ADDRESS New Hampton MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in home		sudden death
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffocation		E9102
DUE TO (c)		16	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Body burned beyond recognition			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) New Hampton (COUNTY) Harrison (STATE) MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 12-1954 10 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? House burned to ground
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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 **10 41 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph J. Marshall D.C. 3	(Degree or title) Coroner Harrison County	23b. ADDRESS Harrison County	23c. DATE SIGNED 12-13-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 14 1954	24c. NAME OF CEMETERY OR CREMATORY Johns Chapel	24d. LOCATION (City, town, or county) (State) Harrison County MO
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DATE REC'D BY LOCAL REG. 12-13-54	REGISTRAR'S SIGNATURE Zola Burrows	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Noble & son	ADDRESS New Hampton MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 5 1955

DEC 28 1955

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.....
Signature of Student Embalmer

Signed W. H. Noble.....

Licensed Embalmer No 2904

P. O. Address New Hampshire

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.