

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7066**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 7 1955
 BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 673Y Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Warren Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKittrick R Bridgeport	c. LENGTH OF STAY (in this place) 20	c. CITY OR TOWN McKittrick, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 4 Miles North of Case, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Claborn c. (Last) Claborn			4. DATE OF DEATH (Month) (Day) (Year) Feb 14th 1955			
5. SEX F	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct-14-1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Rhineland, MO		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME John Vance		13b. MOTHER'S MAIDEN NAME Angeline Callaway		14. NAME OF HUSBAND OR WIFE John Claborn,		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Claborn McKittrick, MO			
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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) ARTERIOSCLEROTIC HEART DISEASE	DUE TO (b) Diabetes mellitus			3 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) UTERINE Fibroids, calcified			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF FEMUR				3 mos
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260XF			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 10-14-, 1954, to Feb 14, 1955, that I last saw the deceased alive on Feb 10, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE George M. Workman MD. (Degree or title)	23b. ADDRESS HERMANN, MO	23c. DATE SIGNED 2-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-17-1955	24c. NAME OF CEMETERY OR CREMATORY Loutre Island 431	24d. LOCATION (City, town, or county) (State) Mc Kittrick MO
DATE REC'D BY LOCAL REG. 2-15-55	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bartholmew Baller American	

(Licensed Embalmer's Statement on Reverse Side)

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.....

D. B. Baker

Licensed Embalmer No. 331

P. O. Address *Amur*

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.