

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>314</u>			
1. PLACE OF DEATH a. COUNTY <u>Wagoner Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Peplaw Bluff</u>		c. LENGTH OF STAY (in this place) <u>week</u>		c. CITY OR TOWN <u>M^o Lee</u>		d. 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 <u>Peplaw Bluff Hospital</u>				STREET ADDRESS (If rural, give location) <u>M^o Lee, Mo.</u>					
3. NAME OF DECEASED a. (First) <u>TOM</u> (Type or Print)			b. (Middle) <u>CARTER</u>		c. (Last) <u>CLUBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 19, 1865</u>		9. AGE (In years last birthday) <u>90</u> 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) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom C. Clubb</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs. Knauer</u>			14. NAME OF HUSBAND OR WIFE <u>Mathew Ann A. Ethel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom C. Clubb, M^o Lee Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Le aring / Head Injury</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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						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) <u>Wayne Co. Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>5 11</u> , 19 <u>55</u> , to <u>5 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5 11</u> , 19 <u>55</u> , and that death occurred at <u>9 9</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. D. P. H. Bluff</u>					23b. ADDRESS <u>M^o Lee Bluff Mo</u>		23c. DATE SIGNED <u>5 11 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M^o Lee Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5/21/55</u>		REGISTRAR'S SIGNATURE <u>W. D. P. H. Bluff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Lloyd S. Morgan & Co. Advance</u>					

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

RECEIVED
MAY 23 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *William Morgan*.....

Licensed Embalmer No. *464*.....

P. O. Address *Advan*.....

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.