

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34176**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **241**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY: (If outside corporate limits, write RURAL and give township) Maryville		c. CITY OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 5 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 0140	

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle) MARION	c. (Last) CLAYCOMB	4. DATE OF DEATH (Month) (Day) (Year) 10 9 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/22/66	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0	IF UNDER 1 YEAR Hours 0	IF UNDER 1 YEAR Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator & cook	10b. KIND OF BUSINESS OR INDUSTRY Restaurent	11. BIRTHPLACE (City and State or Foreign Country) Warren Co. Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred Claycomb	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Anna Livisay Claycomb, dec Lene Carder Claycomb, dec.
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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) no	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Darl Porter, Hollister, Mo.	ADDRESS NO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Benign Hypertrophy of Prostate DUE TO (c) 610X		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 5**, 19**55**, to **Oct. 9**, 19**55**, that I last saw the deceased alive on **Oct 9**, 19**55**, and that death occurred at **12:28A.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Jones M. D.	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 10/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/55	24c. NAME OF CEMETERY OR CREMATORY White Oak	24d. LOCATION (City, town, or county) (State) Pickering, Missouri
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DATE REC'D BY LOCAL REG. 10-15-55	REGISTRAR'S SIGNATURE Kess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS NO.
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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 *John W. Price*

Licensed Embalmer No. *420*

P. O. Address *Maryville*

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.