

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4349A**

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **15**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Dexter | c. LENGTH OF STAY (In this place) 1 year | c. CITY OR TOWN Dexter | 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 | | e. STREET ADDRESS (If rural, give location) 103/2 | |

| | | | | | |
|--|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Clary | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 9, 1881 | | 9. AGE (In years last birthday) 74 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) Farmer (retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | |
|--|---|--|
| 13a. FATHER'S NAME Eli Clary | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary Clary |
|--|---|--|

| | | | |
|---|---|---|-------------------------------|
| 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. X X X X X X X X X X X X | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Clary | ADDRESS Dexter, Mo. |
|---|---|---|-------------------------------|

| | | | |
|---|---|--|--|
| 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 1 hour |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Ischemic Heart Disease | | DUE TO (b) Hypertension, arteriosclerosis 5 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x | | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 **Dec 5, 1955**, to **Dec 26, 1955**, that I last saw the deceased alive on **Dec 25, 1955**, and that death occurred at **7 A** m., from the causes and on the date stated above.

| | | |
|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title) Lt. Harold A. Poe | 23b. ADDRESS 2002 Kessler Mo | 23c. DATE SIGNED 1/5/56 |
|--|--|-----------------------------------|

| | | | |
|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 12-28-55 | 24c. NAME OF CEMETERY OR CREMATORY Gravel Hill cemetery | 24d. LOCATION (City, town, or county) (State) Bloomfield, Mo. Rural |
|--|------------------------------|---|---|

| | | | |
|--|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG. 1-21-56 | REGISTRAR'S SIGNATURE Delma V. Jenkins | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons | ADDRESS Dexter, Mo. |
|--|--|---|-------------------------------|

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

KS
AUG 18 1960

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.....*Marsh Watkins*.....

Licensed Embalmer No. *477*

P. O. Address *Defton*

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.