

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **30001**

FILED SEP 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **37**

6132

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

0130

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Braymer,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Braymer,</b>	
c. LENGTH OF STAY (in this place) <b>18 Months</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b> b. (Middle) <b>ELMER</b> c. (Last) <b>NORTH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 24, 1956</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 21, 1872</b>
9. AGE (In years last birthday) <b>83 yrs</b>		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) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Hear, Quote, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Hiram B. North</b>		13b. MOTHER'S MAIDEN NAME <b>Lucetis Emery</b>	14. NAME OF HUSBAND OR WIFE <b>Etta North</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Etta North,</b> ADDRESS <b>Braymer, Missouri</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>Cerebral Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Chronic myocarditis (arteriosclerotic)</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>many years</b> <b>many years</b> <b>many years</b>			
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 <b>Feb. 15, 1954</b> , to <b>Aug. 24, 1956</b> , that I last saw the deceased alive on <b>Aug. 23, 1956</b> , and that death occurred at <b>12:10 a.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. F. Goebeling, M.D., MD</b>		23b. ADDRESS <b>Braymer, Missouri</b>	23c. DATE SIGNED <b>8-25-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Braymer, Missouri</b>
DATE REC'D BY LOCAL REG. <b>9-11-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ruth Ann [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MEAD Funeral Service, [Signature]</b> ADDRESS <b>Braymer, Missouri</b>

VS SEP 22 1953

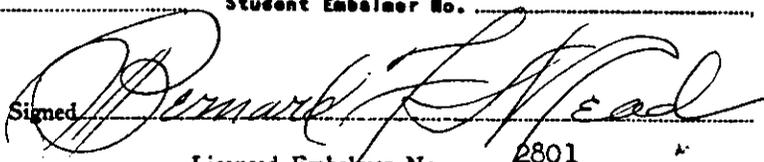
2001 100 100

**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 .....  
Student Embalmer

Signed   
Licensed Embalmer No. 2801  
P. O. Address Braymer, Missouri.

**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 this body is not embalmed, fact should be so stated above.