

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3398**

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1102 E. Stoddard</u>				d. STREET ADDRESS (If rural, give location) <u>1102 E. Stoddard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Clubb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 27, 1861</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fredricktown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carlos Clubb</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Cobb</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Clubb</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>X X X X X X X X X X X X X X X X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clayton Pruitt Dexter, Mo.</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>Phlebotomy</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>493x</u> 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) (Min.)		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 <u>Dec. 1857</u> to <u>Jan 20, 1957</u> , that I last saw the deceased alive on <u>30 Jan 1957</u> and that death occurred at <u>1302 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. James H. J. Watkins</u>		(Degree or title) _____		23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>1/28/57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clubb cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Zalma, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-1-57</u>		REGISTRAR'S SIGNATURE <u>Delma D. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins &amp; Sons</u>		ADDRESS <u>Dexter, Mo.</u>	

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

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(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 .....  
Student Embalmer

Signed Marshall Watkins

Licensed Embalmer No. 4717

P. O. Address Boston, Mass.

**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.