

FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5376

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 30			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Aurora 0561		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 Deterhout Rest Home				e. STREET ADDRESS (If rural, give location) 210 Jasper St.					
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) JANE		c. (Last) CLAYPOOL		4. DATE OF DEATH (Month) (Day) (Year) MARCH 4-1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 6-1877		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House		11. BIRTHPLACE (City and State or Foreign Country) Aldrich, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOE HAGERMAN			13b. MOTHER'S MAIDEN NAME MARY L. HATHEMAN		14. NAME OF HUSBAND OR WIFE LEANDER CLAYPOOL				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEONARD CLAYPOOL - AURORA - 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Hypertension 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		19b. MAJOR FINDINGS OF OPERATION				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) 443x 0					
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 2-18, 1957, to 3-4, 1957, that I last saw the deceased alive on 3-3, 1957, and that death occurred at 7:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. P. Bulich, M.D.				23b. ADDRESS Aurora, Mo.		23c. DATE SIGNED 3/5/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3/5/57	24c. NAME OF CEMETERY OR CREMATORY TURKEY CREEK CEMETERY		24d. LOCATION (City, town, or county) (State) WALNUT GROVE - Mo.				
DATE REC'D BY LOCAL REG. 3/6/57		REGISTRAR'S SIGNATURE Ora Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brun - Daniel - Ash Gross - Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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..... *Doyle L. Daniel*

Licensed Embalmer No. *470*.....

P. O. Address *Ash Grove*.....

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.