

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13723
State File No.

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 4256 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Holden</u>	c. LENGTH OF STAY (in this place) <u>72 yrs</u>	c. CITY OR TOWN <u>Holden</u>	d. In 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 <u>Holden Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Holden, Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>EDITH</u>	c. (Last) <u>CLAPPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1957</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 5 1884</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>9</u> Days <u>7</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holden Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Carey</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Courtney</u>	14. NAME OF HUSBAND OR WIFE <u>Robert D. Clapper</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>487-12-2445</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Clapper</u>	ADDRESS <u>Holden Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Essential Hypertension</u>		
	DUE TO (c) <u>Atherosclerosis</u>		
	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 <u>447X</u>	20. AUTOPSY? <u>2</u> 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) (Min.)	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 Jan 1, 1957, April 12, 1957, that I last saw the deceased alive on April 13, 1957, and that death occurred at 12:01 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. W. Moulton</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>4-13-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr 19 1957</u>	REGISTRAR'S SIGNATURE <u>Mrs G. D. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canady & Kapp</u>	ADDRESS <u>Holden Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2510

150

SEP 3 1947

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.....
M. J. Cusack

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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