FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23932
STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Liberty — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Oak Grove — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Zoo F Hosp. — Length of stay in 1b 3½ yrs	d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ELLEN Middle Last WILSON

4. DATE OF DEATH Month July Day 19 Year 57

5. SEX F

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH May 30-1881

9. AGE (In years last birthday) 76 — 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) House Wife

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (City and state or country) Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Clampitt

14. MOTHER'S MAIDEN NAME Mary E. Brown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Mary Webb. Address Oak Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Nephritis (terminal) — INTERVAL BETWEEN ONSET AND DEATH week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 446X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour, a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to 1957 and last saw her/him alive on July 19-57

Death occurred at 9:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm H Goodson MHO

22b. ADDRESS Liberty Mo

22c. DATE SIGNED 7/20/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE July 19-57

23c. NAME OF CEMETERY OR CREMATORY Oak Grove

23d. LOCATION (City, town, or county) Oak Grove (State) Mo.

24. FUNERAL DIRECTOR Webb Terminal Home ADDRESS Oak Grove Mo

25. DATE RECD. BY LOCAL REG. 7-22-57

26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

91-0

RECEIVED
JUL 29 1957
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R B Webb

Licensed Embalmer No. 2-36

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.