

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012847

STATE FILE NUMBER

FILED MAR 21 1958

333

3074

41

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sikeston TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Charleston Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.				Length of stay in lb 3 Days		d. STREET ADDRESS Route #2 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Henry Middle - Last Claycomb				4. DATE OF DEATH Month 3 Day 4 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-20-1868	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Kentucky /	
13. FATHER'S NAME William Claycomb				14. MOTHER'S MAIDEN NAME Malthais Tucker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Grady Claycomb, Charleston, Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surgens left foreleg Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterial occlusion DUE TO (c) Arterio-sclerosis						INTERVAL BETWEEN ONSET AND DEATH 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterial thrombosis						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 2 a. m. 45 p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE		
21. I attended the deceased from Feb 1st 58 to March 4 58 and last saw her/him alive on 2/9/58 Death occurred at 2:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. Ches. Kolwing MD				22b. ADDRESS Charleston, Mo.			22c. DATE SIGNED 3-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-5-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Missouri		
24. FUNERAL DIRECTOR (Name and Address) Funerale Funeral Chapel Charleston				25. DATE RECD. BY LOCAL REG. 3-10-58		26. REGISTRAR'S SIGNATURE Mrs. Edith Hunter	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED MAR 17 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-68

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 Edward E. Hummel

Licensed Embalmer No. 410

P. O. Address Sikeston

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.