

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024230
STATE FILE NUMBER

FILED JUL 7, 1958

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall 09720
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pitzgibbon hospital, I day		Length of stay in 1b	d. STREET ADDRESS 878 West Jackson
3. NAME OF DECEASED (Type or print) First Danny Middle ----- Last Claycomb		4. DATE OF DEATH Month June Day 27th Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1958
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and state of country) Marshall Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert M. Claycomb		13b. MOTHER'S MAIDEN NAME Helen Green	
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 Robert M. Claycomb, Marshall 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) Immunity. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Premature Birth. DUE TO (c) 776X			INTERVAL BETWEEN ONSET AND DEATH 1 day.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 26 to Jan 27 and last saw her alive on Jan 27 Death occurred at 11-30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. [Signature] M.D.		22b. ADDRESS Marshall Mo.	
22c. DATE SIGNED 6/28/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 1958	
23c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		23d. LOCATION (City, town, or county) (State) Marshall Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 6-28-58	
26. REGISTRAR'S SIGNATURE Cecil G. Read			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James H. Lewis Jr.*
Licensed Embalmer No. *4709*
P. O. Address *Marshall*

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.