

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004472

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Missouri University</u> INSTITUTION <u>Medical Center</u>		Length of stay in lb <u>8 days</u>	d. STREET ADDRESS (If outside, give location) <u>809 E. Dunklin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Natalie Dale Clater</u>			4. DATE OF DEATH Month Day Year <u>February 23 1959</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-58</u>
9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>1 28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Rev. B. Daniel Clater</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia Douglas</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Hospital Chart</u> Address <u>Medical Center</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> DUE TO (b) <u>Congenital Heart Disease (Absent Mitral Valve)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.			INTERVAL BETWEEN ONSET AND DEATH <u>48 hr.</u> <u>1 mo. 27 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonitis &amp; Pulmonary Congestion</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <u>2-16-59</u> to <u>2-23-59</u> and last saw her alive on <u>2-23-59</u> Death occurred at <u>9:00</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm Van Heumen MD</u> (Degree or title)		22b. ADDRESS <u>Univ Hosp - Columbia, Mo</u>	22c. DATE SIGNED <u>2-24-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 26 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Longview Cern</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
24. FUNERAL DIRECTOR <u>Robinson Service Jefferson City, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Feb 24 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

(Licensed Embalmer's Statement on Reverse)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300 -57

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 .....

Licensed Embalmer No.....

P. O. Address .....

**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.**