

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010057

FILED VS MAR 22 1960/3

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Length of stay in 1b 17 years		c. CITY OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 975 Kinzer St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Benjamin Middle T. Last Clarkson				4. DATE OF DEATH Month March Day 4 Year 1960									
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 4-25-74		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Furniture Dealer				10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and state or country) Taney County, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Joseph Clarkson				13b. MOTHER'S MAIDEN NAME Naomi Cox				14. NAME OF HUSBAND OR WIFE Laura E. (dec'd)					
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. No		17. INFORMANT Address W. J. Clarkson, Poplar Bluff, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 10 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Cerebral arteriosclerosis		unknown	
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year											
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 2-24-60 , to 3-4-60 and last saw her ^{her} him ^{slive} live on 3-3-60 Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W.L. Brandon, M.D.				22b. ADDRESS 1124 N. Main Poplar Bluff, Mo.				22c. DATE SIGNED 3-7-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-6-1960		23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) Poplar Bluff, Missouri							
24. FUNERAL DIRECTOR Greer Croy & Fitch-Poplar Bluff, Mo				25. DATE RECD. BY LOCAL REG. 3/10/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

days of
unknown

embalmed by
Philip J. Cassel

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

00-8-8

00-4-8

Signed Philip J. Cassel

00-4S-8

JE:A

Licensed Embalmer No. 4610

P. O. Address Poplar

1121 N. 2nd St.

Mobile, Ala.

3-7-8

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.