

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

**=60-020271**

STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 12

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Alton</b>		Length of stay in lb <b>72 year</b>		c. CITY OR TOWN <b>Alton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Leslie</b> Middle <b>Egar</b> Last <b>Clapp</b>				4. DATE OF DEATH Month <b>May</b> Day <b>13</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-27-1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Oregon Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Clapp</b>			13b. MOTHER'S MAIDEN NAME <b>Jane Barton</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>500-16-7414</b>		17. INFORMANT <b>Lukie Clapp</b>		Address <b>Alton, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>Thrombosis right leg</b> DUE TO (c) <b>Diabetes mellitus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs</b>	
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 <b>April 1960</b> to _____ and last saw her/him alive on <b>5-12-60</b> Death occurred at <b>4:10 P.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Arvalde</b> (Degree or title) <b>MD</b>				22b. ADDRESS <b>Manmoth Spring Ark</b>				22c. DATE SIGNED <b>5/18-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-15-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cave Springs Cemetery</b>			23d. LOCATION (City, town, or county) <b>Alton, Missouri</b>		(State)	
FUNERAL DIRECTOR <b>Center Funeral Home, Alton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>May 21-60</b>		26. REGISTRAR'S SIGNATURE <b>mowc Johnson</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

**MAY 26 1960**

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

Signed *Leland Carter*

Licensed Embalmer No. 4516

P.O. Address Victoria

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.