

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027726

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4289 Registrar's No. 102

DO NOT WRITE ON THIS STUB

AMENDED

<p style="font-size: 18pt; font-weight: bold; color: red;">FILED JUL 24 1962</p> <p>1. PLACE OF DEATH a. COUNTY Lincoln</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln</p>				
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hawk Point</p>		<p>Length of stay in 1b 30 Yrs</p>	<p>c. CITY OR TOWN Hawk Point Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) Allen Henry Claggett</p>			<p>4. DATE OF DEATH Month July Day 18 Year 1962</p>			
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 9/12/76</p>	<p>9. AGE (last birthday) 85</p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grader Operator</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Highway</p>		<p>11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>
<p>13a. FATHER'S NAME Charlie Claggett</p>			<p>13b. MOTHER'S MAIDEN NAME Loretta T. Hiler</p>		<p>14. NAME OF HUSBAND OR WIFE Flora L. Upson</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>			<p>16. SOCIAL SECURITY NO. [REDACTED]</p>		<p>17. INFORMANT Address Lois Leek, Hawk Point, Missouri.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident</p>						<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis</p>						
<p>DUE TO (c) Senility</p>						
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour a.m. p.m.</p>	<p>Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>		
<p>21. I attended the deceased from Jan 2/62 to 7/18/62 and last saw ^{X&X}him alive on 7/18/62 Death occurred at 7:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE [Signature] (Degree or title) Chasch M.D.</p>			<p>22b. ADDRESS Troy, Missouri</p>		<p>22c. DATE SIGNED 7/19/62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 7/20/62</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) Hawk Point, Missouri</p>	
<p>24. FUNERAL DIRECTOR ADDRESS Temper-Marsh Funeral Home, Troy, Mo.</p>			<p>25. DATE RECD. BY LOCAL REG. 7-19-1962</p>		<p>26. REGISTRAR'S SIGNATURE Charlotte Leek</p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1	<u>0570</u>
2	<u>0570</u>
3	
4	<u>0</u>
5	<u>2</u>
6	
7	<u>0</u>
8	<u>2</u>
9	<u>331X</u>
10	
11	
12	<u>90-0</u>
13	<u>1-0</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 26 1962

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 Joseph J. Marsh Sr

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.