

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19864

State File No. ....

FILED JUN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 52

251

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>HARRISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place) <u>6 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAMPTON</u>		d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIBALD</u> b. (Middle) <u>LEVI</u> c. (Last) <u>CLABAUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed - 2</u>	8. DATE OF BIRTH <u>Apr. 4-1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWYER + INSURANCE AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BEATRICE, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>ISSIAH CLAYBURN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY REBECCA BEBBS</u>	14. NAME OF HUSBAND OR WIFE <u>MARY SHERWOOD CLAYBURN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beatrice Carter Cameron Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic lymphatic leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>  <u>5 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201 H</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>6-15, 1952</u> , to <u>6-17, 1952</u> , that I last saw the deceased alive on <u>6-16, 1952</u> and that death occurred at <u>1:10 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. K. Jones M.D.</u>		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>6-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>6-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOSTER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEW HAMPTON, MO</u>		
DATE REC'D BY LOCAL REG. <u>6-19-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss</u>	ADDRESS <u>CLINTON CAMERON MO</u>	

APR 12 1954

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 .....  
Student Embalmer

Signed *W. W. Brock* .....

Licensed Embalmer No. *2533* .....

P. O. Address *Cameron, Mo.* .....

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 this body is not embalmed, fact should be so stated above.