

FILED FEB 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1899

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

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksburg</u>		c. LENGTH OF STAY (In this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Stewart</u> c. (Last) <u>Clutter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/23/1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/19/1884</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper County, Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward T. Clutter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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>300-10-7675</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Clutter, Norwood, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. CITY TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Clarksburg Moniteau Mo.</u>
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>Sept. 15, 1950</u> , to <u>Jan 33, 1951</u> , that I last saw the deceased alive on <u>Jan 23, 1951</u> , and that death occurred at <u>10:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>2 California, Mo</u>	23c. DATE SIGNED <u>1/25/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sappington</u>
24d. LOCATION (City, town, or county) (State) <u>Clarksburg, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Joplin MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

RECEIVED 1-31-57

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-31-57

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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James E. Richard*.....
Licensed Embalmer No. *2466*.....
P. O. Address *Lepta, 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.