

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

885

 BIRTH NO. 48-71239 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>423 Ildireen Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>B urge Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle) <u>CHRISTIAN</u>	
		c. (Last) <u>CLINTON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>February 11, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 27, 1948</u>
9. AGE (In years last birthday) <u>3</u>		10. MONTHS <u>15</u>	11. IF UNDER 1 YEAR Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (infant)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None (infant)</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilson Hanson Clinton</u>	
		13b. MOTHER'S MAIDEN NAME <u>Louise Hunter</u>	
		14. NAME OF HUSBAND OR WIFE <u>Never Married</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>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>W.H. Clinton - 423 Ildireen, City</u>	
		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4917</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Feb 11, 1949</u> , to <u>Feb 11, 1949</u> , that I last saw the deceased alive on <u>Feb 11, 1949</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>609 Chestnut St Springfield Mo</u>	
23c. DATE SIGNED <u>Feb 12, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 13, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-12-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley MD III</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>GORMAN-SCHARPF</u>		ADDRESS <u>BON'L HOME Spfgld, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

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.

Signed _____
Student Embalmer

Signed

Harry A. [Signature]

Licensed Embalmer No. *4594*

P. O. Address *Springfield, Ill.*

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.