

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1615

State File No.

No. 300

10.48.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - TWIN GROVES TWP</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - TWIN GROVES TWP.</u>				
c. LENGTH OF STAY (in this place) <u>17 mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 Mile East of Waco</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 Mile East of Waco</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 Mile East of Waco</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Karl.</u> b. (Middle) <u>Albert</u> c. (Last) <u>Clymer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Aug. 17, 1947</u>		
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>		IF UNDER 24 Hrs. Hours <u>1</u> Min. <u>1</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Waco, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>Robert P. Clymer</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Bendure</u>			14. NAME OF HUSBAND OR WIFE <u>infant</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert P. Clymer Asbury, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-sarcoma of right kidney</u> ANTECEDENT CAUSES <u>Metastases of tumor</u> 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>180X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u> <u>7mos</u>	
19a. DATE OF OPERATION <u>Aug. 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno-sarcoma of right kidney</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) m.		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>Aug. 17</u> , 19 <u>47</u> , to <u>Jan. 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan. 30</u> , 19 <u>49</u> , and that death occurred at <u>1:20A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. C. Stiles</u>				23b. ADDRESS <u>D.O. Asbury, Missouri</u>		23c. DATE SIGNED <u>Feb. 2, '49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waco, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>FEB. 2. 1949</u>		REGISTRAR'S SIGNATURE <u>J. C. Stiles</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge-Lewis Webb City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Richard Gray Lewis

Licensed Embalmer No. *44005*

P. O. Address *Webb City, 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.