

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7335  
Registrar's No. 103

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRAL TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- CENTRAL TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>36 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 1, LAMAR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JEFFERSON</u>	b. (Middle) <u>DAVIS</u>	c. (Last) <u>CLEMENTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 3 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 29 1861</u>	9. AGE (In years last birthday) <u>87</u>	if UNDER 1 YEAR Days <u>87</u>	if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GRANDVIEW, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>JOHN AMBROSE CLEMENTS</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH SCRIVNER</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA JANE SHELTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WALTON E. ALLEN,</u>	ADDRESS <u>LAMAR R1</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Due to inability to swallow.</u> DUE TO (c) <u>Senile dementia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>304X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	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 February 26 1949, to March 3, 1949, that I last saw the deceased alive on Feb. 26, 1949, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Bickel</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>March 4, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 5th 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LAMAR, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>MAR 7 - 1949</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME,</u>	ADDRESS <u>LAMAR, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 1  
District File Number 349-303  
Date filed 3-17-49

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 \_\_\_\_\_

*Walter A. Konantz*

Student Embalmer No. Pending

working under my personal supervision.

Signed *Walter A. Konantz*  
Student Embalmer

Signed *Frank W. Denton*

Licensed Embalmer No. 4581

P. O. Address Lamar, 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 this body is not embalmed, fact should be so stated above.