

No. 300
10. 48

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22485

State File No.

5000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5069		Registrar's No. 35		
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton				
b. CITY (If outside corporate limits, write RURAL and give town) Rural Lamar Tnshp		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lamar Township				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS 4 1/2 mi. south of Lamar				
3. NAME OF DECEASED (Type or Print) EMMETT A. CLEMENTS			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July / 22 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1878		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laundry operator			10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Champaign County, Ill. / CHAMPAIGNE		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William Clements			13b. MOTHER'S MAIDEN NAME Mary Emma Chambers		14. NAME OF HUSBAND OR WIFE #1 Fannie Clements #2 Jessie Clements			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 525-10-9728	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Clements (brother) Rural Lamar					
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>coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>sudden death</u> DUE TO (c) <u>old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4:20
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. Dr. Guldner M.D.				23b. ADDRESS L A M A R		23c. DATE SIGNED July 23-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/25/49	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Missouri			
DATE REC'D BY LOCAL REG. 7/25/49		REGISTRAR'S SIGNATURE Marie Konantz 14		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME				

RECEIVED AUG 2 1949
District Health *377 J. B.*
District File Number *849-900*
Date Filed *8-3-49*

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 J. KONANTZ

Student Embalmer No. *319*

working under my personal supervision.

Signed *Walter J. Konantz*
Student Embalmer

Signed *Frank W. Denton*

Licensed Embalmer No. *4581*

P. O. Address *Lamar, 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.