No. 300
10.48

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FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23237

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Henrico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Plains Hosp. (?)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains, Mo 46
d. STREET ADDRESS (If rural, give location): 1236 Jackson

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Louella
c. (Last): Clement

4. DATE OF DEATH (Month) (Day) (Year): 6-21-49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 2-15-89
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months: 4 Days: 6
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): D. Ford Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jas. C. Weaver
13b. MOTHER'S MAIDEN NAME: ✓
14. NAME OF HUSBAND OR WIFE: M. H. Clement

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: M. G. Clement
ADDRESS: West Plains Mo

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, asthenia, etc... It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant hypertension — 18 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 744X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6/18, 1949, *to* 6/21, 1949, *that I last saw the deceased alive on* 6/21, 1949 *and that death occurred at* 8:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maurice Hamilton (Degree or title)
23b. ADDRESS: West Plains Mo
23c. DATE SIGNED: 7/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 6-24-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): West Plains, Mo

DATE REC'D BY LOCAL REG.: 7-20-49
REGISTRAR'S SIGNATURE: Beatrice Cook
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25. FUNERAL DIRECTOR'S SIGNATURE: Robertson
ADDRESS: West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-25-49
District Health Officer No. 5
District File Number 749550
Date Filed 7-25-49

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed D D Robertson

Licensed Embalmer No. 3 [illegible]

P. O. Address West Plain, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.