

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40696

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

34

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5113 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Springcreek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Spring creek	
c. LENGTH OF STAY (In this place) 17yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Tom c. (Last) Sanders			4. DATE OF DEATH (Month) (Day) (Year) 11-30-49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 10-3-32
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ava, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Burl Sanders		13b. MOTHER'S MAIDEN NAME Bertha Alcorn	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Sanders, Ava, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken ribs, punched lung and crushed chest INTERVAL BETWEEN ONSET AND DEATH 8227 32	
		ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway No. 5	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springcreek Township, Douglas, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 30, 1949 10	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Driving car by self car turned over	
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 10: P. m., from the causes and on the date stated above.			
23a. SIGNATURE C.V. Clinkingbeard (Degree or title) CORONER		23b. ADDRESS Ava, Mo	23c. DATE SIGNED 12-1-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Taber	24d. LOCATION (City, town, or county) (State) Ava, Missouri
DATE REC'D BY LOCAL REG. 1-5-50	REGISTRAR'S SIGNATURE Vestal Bushman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.	

RECEIVED JAN 10 1950
District Health Office No. 6;
District File Number 150-47
Date Filed 1-11-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon 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.