

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9934

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5991 Registrar's No. 18

0860

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

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty tnp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Tmp.</u>	
c. LENGTH OF STAY (in this place) <u>year</u>		d. STREET ADDRESS (If rural, give location) <u>Livonia Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Livonia, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>Everet</u>	c. (Last) <u>Clinkenbeard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16, 1950</u>
---	---------------------------	-------------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Oct. 22, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Exline, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Joseph Clinkenbeard</u>	13b. MOTHER'S MAIDEN NAME <u>Plinna White</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Clinkenbeard</u>	ADDRESS <u>Livonia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>D.A.</u> <u>15 1/2 H</u>
	ANTECEDENT CAUSES 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.		

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)	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) (Min.)	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 Jan 31, 1950, to Mar 16, 1950, that I last saw the deceased alive on Mar 3, 1950, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Donahue</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Butterville, Ia</u>	23c. DATE SIGNED <u>3/27/50</u>
----------------------------------	-----------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 19 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Butterville Ia</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-28-50</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>H. S. Suster</u>	ADDRESS <u>Van Armanville, Ia</u>
---	---	--	-----------------------------------

APR 5 1956

RECEIVED

District Health Officer No. 10

District File Number 4-50-57
APR 5 1956

Date Filed

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 Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Amosville, 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.