

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15900

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 595

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bentley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH Mo. -</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hard City 0380</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL -</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>MAY</u> c. (Last) <u>CLEMENTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 23, 1883</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John W. Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Maida Nabbe</u>	14. NAME OF HUSBAND OR WIFE <u>O.L. Clements</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O.L. Clements - Hard City, 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, 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 THROMBUS</u> ANTECEDENT CAUSES DUE TO (b) <u>CEREBRAL ACCIDENT</u> DUE TO (c) <u>CHRONIC HYPERTENSION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARCINOMA -</u>	
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) m.	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 <u>4/13, 1950</u> , to <u>5/15, 1950</u> , that I last saw the deceased alive on <u>5/15, 1950</u> , and that death occurred at <u>12:50 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert H. Pearson</u> (Degree or title)		23b. ADDRESS <u>Mercy Hospital</u>	23c. DATE SIGNED <u>5/15/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	24d. LOCATION (City, town, or county) (State) <u>King City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 20-1950</u>	REGISTRAR'S SIGNATURE <u>H. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Home Funeral Home - St. Joseph, Mo.</u>	

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

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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.

Signed Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.