No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1950

State File No. 20770

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 302

1532

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 N Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon 0532
d. STREET ADDRESS (If rural, give location): 402 N Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Herman
c. (Last): Vernon

4. DATE OF DEATH (Month) (Day) (Year): June 13 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 15 1894
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: J. W. Vernon
13b. MOTHER'S MAIDEN NAME: Mary Brakefield
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. W. Vernon — ADDRESS: Lebanon 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): Acute Angina Pectoris

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Debility
DUE TO (c): Nervous Break Down

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

INTERVAL BETWEEN ONSET AND DEATH: 4202

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* June 13, 1950, *to* June 13, 1950, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Casey Jr. D.O.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: June 15 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/15/50
24c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemet
24d. LOCATION (City, town, or county) (State): Lebanon Mo

DATE REC'D BY LOCAL REG.: June 15-1950
REGISTRAR'S SIGNATURE: Della L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Palmer's Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

Received JUN 17 1950

Laclede County Health Unit

File No. 6-50-98

Date Filed JUN 19 1950

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 Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon 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.