

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

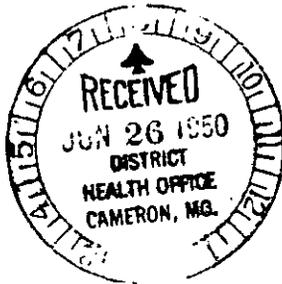
State File No. 23236

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 126

380

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

1. PLACE OF DEATH a. COUNTY <u>Leavenworth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Leavenworth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanhurst</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Island City Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>69 St.</u>		d. STREET ADDRESS (If rural, give location) <u>S of Stanbury 6. MI</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>CLEMMONS</u> c. (Last) <u>CLEMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 15 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1899 1-9-1899</u>
9. AGE (in years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Madison Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm Well</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Joslin</u>	14. NAME OF HUSBAND OR WIFE <u>Marion Clemmons</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>Mrs. A. P. Laughlin Stanbury</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile</u> 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"/>		331X	
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)	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>June 8 1950</u> , to <u>June 15 1950</u> , that I last saw the deceased alive on <u>June 15</u> , 19 <u>50</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C. Mueselmann D.O.</u>		23b. ADDRESS <u>Stanbury MO</u>	23c. DATE SIGNED <u>6-19-50</u>
24a. BURIAL CREMA TION REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>6/18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanbury Leavenworth MO</u>
DATE REC'D BY LOCAL REG. <u>June 22-50</u>	REGISTRAR'S SIGNATURE <u>Edith Schelder</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edith Schelder Stanbury MO</u>	



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

*Lloyd A. Phillips*

Licensed Embalmer No. 1895

P. O. Address Starkley Md

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.