

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30337**
3843

FILED SEP 23 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas</u>		c. LENGTH OF STAY (In this place) <u>3yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. River at Main St.</u>			d. STREET ADDRESS (If rural, give location) <u>703 W. 10th</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>JUNIOR</u> b. (Middle) <u>CLEVENGER</u> c. (Last) <u>CLEVENGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 2</u>	8. DATE OF BIRTH <u>July 4, 1895</u>	9. AGE (In years last birthday) <u>55</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.a.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS* OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.a.</u>

13a. FATHER'S NAME <u>B. J. Clevenger</u>		13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Divorced? _____</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War L</u>	16. SOCIAL SECURITY NO. <u>487-07-4210</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Coroners Office Kansas City, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral meningitis</u> DUE TO (c) <u>(noninfectious type and)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3403</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Edema Lungs</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)	23b. ADDRESS <u>1034 Park Bldg</u>	23c. DATE SIGNED <u>9-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Excelsior</u>	24b. DATE <u>9-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-50</u>	REGISTRAR'S SIGNATURE <u>Leraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home</u> <u>Excelsior Springs, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Peter J. Casper

Signed.....

Student Embalmer

Licensed Embalmer No. *4273*

P. O. Address *10070*

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.