

FILED NOV 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37368
Registrar's No. 4316

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5370		Registrar's No. 4316	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Sibley (Ft. Osage)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Sibley (Ft. Osage)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri River				d. STREET ADDRESS (If rural, give location) Rural 0480			
3. NAME OF DECEASED (Type or Print) Willmon		a. (First)		b. (Middle) Edgar		c. (Last) Clouse	
4. DATE OF DEATH Nov. 4, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH June 10, 1927		9. AGE (In years last birthday) 23	
5. SEX male		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal finisher		10b. KIND OF BUSINESS OR INDUSTRY Motor Car Bodies	
11. BIRTHPLACE (State or foreign country) Lafayette Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Clouse		13b. MOTHER'S MAIDEN NAME Nora Huffman	
14. NAME OF HUSBAND OR WIFE Betty Rinacke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #2		16. SOCIAL SECURITY NO. WW #2		17. INFORMANT'S SIGNATURE OR NAME Mrs. Betty Clouse, Sibley, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Drowning 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.				INTERVAL BETWEEN ONSET AND DEATH 3850 42	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) M ^o River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 11-4-50 P 11 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Blow capsized					
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 1 PM m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh A. Owens ³ Corner				23b. ADDRESS 1034 Riata Bldg		23c. DATE SIGNED 11-13-50	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/50		24c. NAME OF CEMETERY OR CREMATORY Machpelah		24d. LOCATION (City, town, or county) (State) Lexington, Mo.	
DATE REC'D BY LOCAL REG. Nov 8, 1950		REGISTRAR'S SIGNATURE L. H. ...		354		25. FUNERAL DIRECTOR'S SIGNATURE Forrest F. Tempel, Lexington, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

VS MAR 6 - 1951

NOV 28 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 Geo. McKean.....

Licensed Embalmer No. 2983.....

P. O. Address Lexington, 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.