

FILED NOV 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27623

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4236 Registrar's No. 31

550
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine City Mo	
c. LENGTH OF STAY (in this place) 70 years		d. STREET ADDRESS (If rural, give location) 100 Washington Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 100 Washington Ave			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) AGUSTA		c. (Last) CLEMENT		4. DATE OF DEATH (Month) (Day) (Year) Nov 11 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 14 1854		9. AGE (In years last birthday) 95	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Anna M. Bell		13b. MOTHER'S MAIDEN NAME Catherine Price		14. NAME OF HUSBAND OR WIFE E. E. Clement	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME One Clement	
				ADDRESS Pine City 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 days	
		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.		332X	

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)		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 Oct 15, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Charles A. Spears, M.D.		23b. ADDRESS Pine City, Mo		23c. DATE SIGNED Nov 11, 1950	
--	--	----------------------------	--	-------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Pine City Cemetery		24d. LOCATION (City, town, or county) (State) Pine City Mo	
--	--	------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 11-13 1950		REGISTRAR'S SIGNATURE John T. Davis 427		25. FUNERAL DIRECTOR'S SIGNATURE Wilho Bros Pine City Mo		ADDRESS	
-------------------------------------	--	---	--	--	--	---------	--

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 1150-2314

Date Filed 11-27-50

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 _____

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address _____

June 27/54

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.