No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40102

BIRTH NO. _____ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 4108 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stockton, Mo
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stockton, Mo 0200
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Daisy b. (Middle) Bell c. (Last) Clemmons
4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 7, 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1 Days 23 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Cedar County
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Marion Hooten
13b. MOTHER'S MAIDEN NAME: Kathleen Samsell
14. NAME OF HUSBAND OR WIFE: Richard Clemmons
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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

MEDICAL CERTIFICATION

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 da.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Hypertension yrs.

DUE TO (c) Chronic Nephritis — months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 442X

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* 10-30, 1950, *to* 11-25, 1950, *that I last saw the deceased alive on* 11-25, 1950, *and that death occurred at* 3:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm B. Richter (Degree or title) M D
23b. ADDRESS: Stockton Mo.
23c. DATE SIGNED: 12-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/3/50
24c. NAME OF CEMETERY OR CREMATORY: Stockton City
24d. LOCATION (City, town, or county) (State): Cedar County, Missouri

DATE REC'D BY LOCAL REG.: 1-4-1951
REGISTRAR'S SIGNATURE: Geneva Garrison 54
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John A. Cantlon Stockton, MO

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
Permit No. 5 - Springfield
JAN 9 1951
Date Filed 1-9-51

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 Richard W. Bandall, Student Embalmer No. 405 working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Stockton, 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.