

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41874

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 224

923

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles	c. LENGTH OF STAY (in this place) (township) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR St. Charles 0923 TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 145a North Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) Andrew	b. (Middle) -----	c. (Last) Clendenny	4. DATE OF DEATH (Month) (Day) (Year) December 23, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec 23, 1904	9. AGE (in years last birthday) 46	10. UNDER 4 HRS. Hours 0 Days 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Pipe Line Construction	11. BIRTHPLACE (State or foreign country) Belleview, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Clendenny	13b. MOTHER'S MAIDEN NAME Ella Martin	14. NAME OF WIFE OR WIFE Maggie Sweazey divorced
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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) No	16. SOCIAL SECURITY NO. 494-07-1868	17. INFORMANT'S SIGNATURE OR NAME Mrs George Hoelting	ADDRESS St. Charles, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 13 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			4201

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? - YES <input type="checkbox"/> - NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **Dec. 10, 1950**, to **Dec. 23, 1950**, that I last saw the deceased alive on **Dec. 23, 1950**, and that death occurred at **2:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don Z. Randall, M.D.	23b. ADDRESS 207 N. 5th St. St. Charles, Mo.	23c. DATE SIGNED Dec. 23, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 26, 1950	24c. NAME OF CEMETERY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 12/28/50	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Hallmeyer & Sons Co	ADDRESS 800 N. 2nd - St. Charles, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1950

RECEIVED

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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 4189

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph F. Lantieri
Licensed Embalmer No. 4189

P. O. Address St Charles 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.