

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9592

State File No.

FILED APR 2 1951

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>826 North Third St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 North Third St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>NORMAN</u> c. (Last) <u>CLONINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 7, 1903</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	
11. BIRTHPLACE (State or foreign country) <u>Calhoun Co., Illinois /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Marshall</u>			

13a. FATHER'S NAME <u>Louis Cloninger</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Christine Wintgin</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Cloninger, Cloninger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-3481</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Cloninger, Louisiana, Missouri</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo. +</u>	
		2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>			
		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		DUE TO (c) <u>331x</u>	

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) m.		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 3-21, 1951, to 3-21, 1951 that I last saw the deceased alive on 3-21, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Louisiana, Mo</u>		23c. DATE SIGNED <u>3-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>March 22, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home, Louisiana, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0821

0821
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Date Received: MAR 31 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-62
Date Filed: MAR 31 1951

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. B. Steene

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.