

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 131297

1050
1

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN 1050	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) WAGES c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR 16 1951
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 27 1876
9. AGE (In years last birthday) 75		10. MONTHS 2 IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SULLIVAN Co - MO
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME RICHARD WAGES	
13b. MOTHER'S MAIDEN NAME ELLEN HAYES		14. NAME OF HUSBAND OR WIFE KATE CRAWFORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Felix Hill		ADDRESS Milan	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Malnutrition with dehydration		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Senile debility without dementia 10yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Malignant growth, unspecified, within digestive tract 10yrs +	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, myocardial damage			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153 x	
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 _____, 19____, to 10-18, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 AM from the causes and on the date stated above.			
23a. SIGNATURE Joseph E. Prior, D.O.		23b. ADDRESS Milan, Missouri	
23c. DATE SIGNED 3-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar 18, 1951	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.		24d. LOCATION (City, town, or county) (State) Milan Mo	
DATE REC'D BY LOCAL REG. March 30-1951		REGISTRAR'S SIGNATURE Mrs. H.B. Harris 320	
25. FUNERAL DIRECTOR'S SIGNATURE Duggan & Son		ADDRESS Milan	

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

APR 2 1951

Date Received: ~~MAR 2~~ 1951

DISTRICT HEALTH OFFICE #2

District File Number 4-51-6

Date Filed: APR 2 1951

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.

Signed *Donald C. Rogers*

Signed.....
Student Embalmer

Licensed Embalmer No. 3992

P. O. Address Milan, 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.