

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15209

FILED APR 16 1951

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 3

1030
1

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pike Twp.)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pike Twp)	1030
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) R.F.D. #1, Bell City, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Clyde	b. (Middle)	c. (Last) Segers	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1951
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1916	9. AGE (In years last birthday) Months Days 34 5 20	IF UNDER 1 YEAR Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Durant, Mississippi	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Andy P. Segers	13b. MOTHER'S MAIDEN NAME Lennie Nash	14. NAME OF HUSBAND OR WIFE Laura Ellen Segers
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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) yes World War II	16. SOCIAL SECURITY NO. 486-20-0722	17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Ellen Segers	ADDRESS Bell City,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage		18b. INTERVAL BETWEEN ONSET AND DEATH 10 minutes
	II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left iliac vein and artery being completely severed. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E 982 x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pike Twp. Stoddard Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 26, 1951 3:30 P.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stabbed by Frank W. Leggins
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30 P.**, from the causes and on the date stated above.

23a. SIGNATURE Frank W. Leggins	(Degree or title) 3 Coroner	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 1-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-1-51	24c. NAME OF CEMETERY OR CREMATORY Pilgrim Rest	24d. LOCATION (City, town, or county) (State) R.F.D. #1, Bell City, Mo.
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DATE REC'D BY LOCAL REG. 2-5-51	REGISTRAR'S SIGNATURE Bennie Mann	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	ADDRESS Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 14 1951

DISTRICT HEALTH OFFICE No. G

File No.

APR 16 1951

STATEMENT BY LICENSED EMBALMER

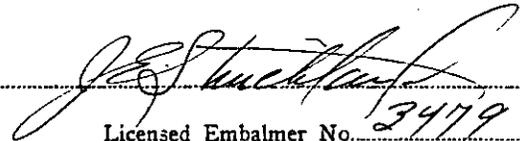
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student-Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3479

P. O. Address Weymouth, Mass.

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.