

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16263

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Sullivan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Trenton</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Humphreys</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>1050 /</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wright Memorial</i>			
3. NAME OF DECEASED a. (First) <i>ALBERT</i> b. (Middle) <i>B</i> c. (Last) <i>CLEM</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>3-29-1951</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>July 20 1876</i>
9. AGE (In years last birthday) <i>74</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer & Telephone Operator</i>	
11. BIRTHPLACE (State or foreign country) <i>0</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Elias Clem</i>		13b. MOTHER'S MAIDEN NAME <i>Permetta Jacobs</i>	
14. NAME OF HUSBAND OR WIFE <i>Evelyn Clem</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>✓</i>		16. SOCIAL SECURITY NO. <i>500-07-7278</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Lee Neff</i>		ADDRESS <i>Trenton Mo</i>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>4222</i>	
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 <i>June 1st</i> , 1950, to <i>March 29th</i> , 1951, that I last saw the deceased alive on <i>March 27th</i> , 1951, and that death occurred at <i>1:40 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Cliver F. Duffey MD</i> (Degree or title)		23b. ADDRESS <i>Trenton Mo</i>	
23c. DATE SIGNED <i>March 30th 1951</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-31-51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Humphreys Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Humphreys Mo</i>	
DATE REC'D BY LOCAL REG. <i>4-1-51</i>		REGISTRAR'S SIGNATURE <i>J. H. Fair</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>R. H. Payne</i>		ADDRESS <i>Don Galt Mo</i>	

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

0402



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 PK Payne Jr.....

Licensed Embalmer No. 3400.....

P. O. Address Galt.....

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.