

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29699

FILED SEP 18 1951

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 74

01614

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> c161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deer Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>614 N. High St.</u>	

3. NAME OF DECEASED a. (First) <u>Onie</u> b. (Middle) <u>Mildred</u> c. (Last) <u>Clippard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Mar. 14, 1865</u>		9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months Days IF UNDER 1 HR. Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store + Feed</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>B F Wigginton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth F. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Lura Clippard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>4500</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. R. Reynolds Little Rock, Ark.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Heart Failure</u>			
		DUE TO (c) <u>V</u>			
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 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?	
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22. I hereby certify that I attended the deceased from Feb 19 44, to Sept 10, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. J. Hubbard M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>9-16-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery Jackson</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>					

DATE REC'D BY LOCAL REG. <u>Sept 15-51</u>		REGISTRAR'S SIGNATURE <u>D. F. Schubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Sprague Jackson Mo</u>	
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RECEIVED

SEP 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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 *Lynn Steele*.....

Licensed Embalmer No. 2476.....

P. O. Address Jackson.....

**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.**