

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30036

State File No. 764C

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5460</u>		Registrar's No. <u>764C</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give town or townships) <u>Rogersville, Clay</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give townships) <u>Rogersville clay township</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rogersville, Route #2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Jane</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Climer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 20. 1873</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph A Tillman</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE <u>Joe E Climer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe E Climer, Rogersville, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>year.</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)		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 <u>9-1-51</u> , 19 <u>51</u> , to <u>8-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-28</u> , 19 <u>51</u> , and that death occurred at <u>4:00 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James C. Marshall, M.D.</u>				23b. ADDRESS <u>Prof. Bldg.</u>			23c. DATE SIGNED <u>9-10-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pembina</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-10-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark, Mo.</u>				

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

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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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.