

FILED SEP 19 1951

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30603

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cartersville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cartersville</b>	
c. LENGTH OF STAY (in this place) <b>1yr</b>		d. STREET ADDRESS (If rural, give location) <b>West Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West Main St.</b>		d. STREET ADDRESS <b>West Main St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>J.</b>	c. (Last) <b>CLEMENTS</b>	4. DATE OF DEATH	(Month) <b>September</b>	(Day) <b>13</b>	(Year) <b>1951</b>
-------------------------------------	------------------------	-----------------------	---------------------------	------------------	--------------------------	-----------------	--------------------

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 24, 1887</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR	IF UNDER 1 HRS.
					Months <b>8</b>	Days <b>19</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>John Drew</b>	13b. MOTHER'S MAIDEN NAME <b>no data</b>	14. NAME OF HUSBAND OR WIFE <b>Eugene Clements</b>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Clements</b>	ADDRESS <b>Cartersville, Mo</b>
---	-------------------------------	--	---------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>4222</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pituitary Tumor</b>			

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) _____ (Min) _____	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 7-15, 1951, to 9-13, 1951, that I last saw the deceased alive on 9-9, 1951, and that death occurred at 3:40a m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.W. Forbes</b>	(Degree or title) <b>D.O. 2</b>	23b. ADDRESS <b>Cartersville Missouri</b>	23c. DATE SIGNED <b>9-13-51</b>
-----------------------------------	---------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sept. 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bay City CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>Bay City, Michigan</b>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Sept 15-51</b>	REGISTRAR'S SIGNATURE <b>J.L. Hutchins MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b>	ADDRESS <b>Webb City, Missouri</b>
--	---	---	------------------------------------

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

490

RECEIVED 9-18-51

Asper County Health Office

County File No. 51/9/725

Date Filed 9-18-51

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 *Leroy J. Lewis*  
Licensed Embalmer No. *4561*

P. O. Address *Wells City, 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.

1951