

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32543

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 5709 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL C. Creek</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Crooked Creek</u>	d. STREET ADDRESS (If rural, give location) <u>near Beasler 0090</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Clement</u> c. (Last) <u>Clement</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-20-1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>10-14-1874</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER CO RURAL</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Richard Clement</u>	13b. MOTHER'S MAIDEN NAME <u>MARY - BROTHMAN</u>	14. NAME OF HUSBAND OR WIFE <u>DOUG CLYDE CLYDE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DOUG CLYDE CLYDE</u>	ADDRESS <u>MARQUETTE</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paroxysmal Tachycardia</u> DUE TO (c)		<u>1 yr.</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 <u>4331</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 1950, to Oct 20, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. DeLeyne</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Fredericktown Mo</u>	23c. DATE SIGNED <u>10-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BOSSVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 30 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Van Auberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edman Maynard</u>	ADDRESS <u>Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

090

FILED OCT 25 1951

RECEIVED

OCT 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.