

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33056**

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5351** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) i	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edward c. (Last) Clemmons			4. DATE OF DEATH (Month) (Day) (Year) 10-9-1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Dec 16-1882	9. AGE (In years last birthday) 68	9. AGE (In years) IF UNDER 1 YEAR Months 9 Days 24 IF UNDER 6 Mths. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Stoutland MO.	
13a. FATHER'S NAME Hasea Clemmons			13b. MOTHER'S MAIDEN NAME Artie Brown		14. NAME OF HUSBAND OR WIFE Alpha Clemmons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alpha Clemmons C.E.T., MO.		

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of liver & gall bladder		INTERVAL BETWEEN ONSET AND DEATH 56 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic gall bladder dis		DUE TO (c) None known			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ? - - - - 155X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver & gall bladder		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 block, 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 **Aug 10, 1951**, to **Oct 9, 1951**, that I last saw the deceased alive on **Oct 8, 1951**, and that death occurred at **1:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Lummert, M.D. (Degree or title)		23b. ADDRESS Buffalo Mo		23c. DATE SIGNED 10-10-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-11-1951		24c. NAME OF CEMETERY OR CREMATORY Rick's Chapel		24d. LOCATION (City, town, or county) (State) Dallas Co. Mo.	
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DATE REC'D BY LOCAL REG. 10/20/51		REGISTRAR'S SIGNATURE Mr. J. B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Montgomery Vaughan Buffalo Mo.	
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(Licensed Embalmers' Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 22 1926

Dist. File 1057-1826
Date Filed 10-22-26

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Alyde Montgomery*
Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.