No. 300
10.48

FILED DEC 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36303

State File No.

BIRTH NO. REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 77

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

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR
c. LENGTH OF STAY (in this place): 25 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR 0051
d. STREET ADDRESS (If rural, give location): 1504 WALNUT

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): C.
c. (Last): CLEMENTS

4. DATE OF DEATH (Month) (Day) (Year): NOV 28 1951

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JULY 4 1872

9. AGE (In years last birthday): 79
If under 1 year: Months 4 Days 24
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CHAMPAIGN COUNTY, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: WILLIAM CLEMENTS

13b. MOTHER'S MAIDEN NAME: EMMA CHAMBERS

14. NAME OF HUSBAND OR WIFE: MATHILDA SCHAFER CLEMENTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: XX

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: MRS. MARY HAILE, LAMAR, MISSOURI, R#2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation Severe — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 2 Days
DUE TO (c) Bronchial Pneumonia — 11/23/51

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: 491X

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-23 —, 1951, *to* 11/28, 1951, *that I last saw the deceased alive on* 11/28, 19 51, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jem T Bickel (Degree or title) MD

23b. ADDRESS: Lamar, Mo.

23c. DATE SIGNED: 11/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: NOV 30 1951

24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

24d. LOCATION (City, town, or county) (State): Barton County, Missouri

DATE REC'D BY LOCAL REG.: NOV 30 1951

REGISTRAR'S SIGNATURE: Marie Konantz

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: KONANTZ FUNERAL HOME, LAMAR, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 3 1951
Dist. File
Date Filed

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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 working under my personal supervision.

Student Embalmer No. .....

Signed Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.