

STANDARD CERTIFICATE OF DEATH

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

DEC 31 1951

**1. PLACE OF DEATH**  
 a. COUNTY CALDWELL 0130  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER  
 c. LENGTH OF STAY (in this place) 20 YRS.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION: CITY LIMITS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY CALDWELL  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER 0130  
 d. STREET ADDRESS (If rural, give location) D

**3. NAME OF DECEASED**  
 a. (First) MARY b. (Middle) ELIZABETH c. (Last) CLEVENGER

**4. DATE OF DEATH** (Month) (Day) (Year) 12/4/1951

**5. SEX** F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED

**8. DATE OF BIRTH** JAN. 22 1872 **9. AGE** (In years last birthday) 79 10 12 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY** HOUSEKEEPER **11. BIRTHPLACE** (State or foreign country) RAY CO., MO. **12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** JAMES HUSKINISSON **13b. MOTHER'S MAIDEN NAME** (UNKNOWN) **14. NAME OF HUSBAND OR WIFE** RODIE ARRON O. CLEVENGER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO **16. SOCIAL SECURITY NO.** NO **17. INFORMANT'S SIGNATURE OR NAME** MRS. BAPT. CLEVENGER **ADDRESS** BRAYMER 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) Chronic Myocarditis Several years  
 ANTECEDENT CAUSES Chronic Bronchial Asthma many years  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Chronic Bronchial Asthma  
 DUE TO (c) Generalized Arteriosclerosis many years

**2. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

**19a. DATE OF OPERATION** — **19b. MAJOR FINDINGS OF OPERATION** — **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)** —

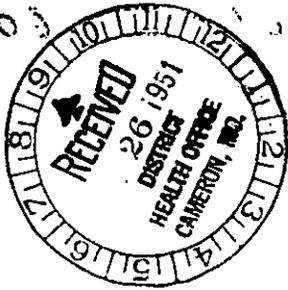
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) — **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** —

**22. I hereby certify that I attended the deceased from** Aug 5, 1947 to Dec 4, 1951, that I last saw the deceased alive on Dec 4, 1951 (and that death occurred at 5:00 P. M., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) D. E. Goldberg M.D. **23b. ADDRESS** Braymer, Mo. **23c. DATE SIGNED** 12/2/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL **24b. DATE** 12/6/1951 **24c. NAME OF CEMETERY OR CREMATORY** EVERGREEN CEMETERY **24d. LOCATION** (City, town, or county) (State) BRAYMER, MO.

**DATE REC'D BY LOCAL REG.** 12-21-51 **REGISTRAR'S SIGNATURE** Mrs. Nell B. Jones **375** **25. FUNERAL DIRECTOR'S SIGNATURE** Geneb. Michael **ADDRESS** Braymer, Mo.



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 Geneb. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.