X
S. No. 300
v. 10.48

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42653

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 39

1. PLACE OF DEATH Wentzville Mo
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wentzville Cuver Twp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin 0495
d. STREET ADDRESS (If rural, give location) Best Hotell - West 3rd St.

3. NAME OF DECEASED (Type or Print) a. (First) Russel b. (Middle) M c. (Last) Clymer

4. DATE OF DEATH (Month) Dec (Day) 20 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH July 8 1921
9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months 5 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Beggs / Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Dont Know
13b. MOTHER'S MAIDEN NAME Dont Know
14. NAME OF HUSBAND OR WIFE None Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 10-1-42 to 12-12-44
16. SOCIAL SECURITY NO. 442-14-8540
17. INFORMANT'S SIGNATURE OR NAME John Marks ADDRESS 24107 East Nat'l Bldg Okla City, Okla.

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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto accident

DUE TO (c) Head on with two trucks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 4061
21c. (CITY, TOWN, OR TOWNSHIP) Quiver (COUNTY) St. Charles (STATE) Mo

21d. TIME OF INJURY (Month) Dec (Day) 20 (Year) 514P (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Two trucks hit head on

22. *I hereby certify that I attended the deceased from* Dec. 21, 1951, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Marvin Murphy Coroner
23b. ADDRESS Wentzville, Mo
23c. DATE SIGNED 12-21-51 12-25

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec 24 1951
REGISTRAR'S SIGNATURE Martin F. Goff 408
25. FUNERAL DIRECTOR'S SIGNATURE T. E. Pitman Funeral Home ADDRESS Wentzville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 30 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

JAN 10 1952

SEP 1 1952

FEB 19 1958

JAN 10 1952

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 Annetta M. Pitman

Licensed Embalmer No. 3055

P. O. Address Wentzville 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.