S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17361

State File No. 17361

FILED JUN 9 1952 BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 187

1742

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARYVILLE
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): ST. FRANCIS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~RURAL~~ Mo
b. COUNTY: NODAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEAR SKIDMORE Nodaway
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): DUETT
b. (Middle): FRANKLIN
c. (Last): CLEMENT

4. DATE OF DEATH (Month) (Day) (Year): MAY 25 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 17, 1891
9. AGE (In years last birthday): 60 — If under 1 year: Months 7, Days — If under 24 hrs.: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCK RAISER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): SALEM ARKANSAS
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: JAMES CLEMENT
13b. MOTHER'S MAIDEN NAME: MARGARET GREEN
14. NAME OF HUSBAND OR WIFE: REBA WYMER

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: MRS REBA CLEMENT
ADDRESS: SKIDMORE 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, asthenia, etc." It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATE

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Colon ? with Metastasis — 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):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension ? Hypertensive Heart disease ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153X
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 _____, 19____, 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: D. L. Bland
(Degree or title): M.D.
23b. ADDRESS: Maryville
23c. DATE SIGNED: 5/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-28-52
24c. NAME OF CEMETERY OR CREMATORY: BURR OAK
24d. LOCATION (City, town, or county) (State): NEAR SKIDMORE MO

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Reba Hall
25. FUNERAL DIRECTOR'S SIGNATURE: J. Mann
ADDRESS: BURLINGTON JCT MO

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2968

P. O. Address Burl. Jct. 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.