

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34752

State File No. ....

FILED NOV 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 145

5402

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>18 mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1710 Main St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Humphreys</u> <u>10511</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u> b. (Middle) <u>VELONIA</u> c. (Last) <u>CLEM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15-1952</u>
5. SEX <u>f</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>June 15 1872</u>
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>W. H. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Starnes</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Clem.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-18-2752</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lee Neff Trenton mo.</u>
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) <u>Acute Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Blood Disease</u> <u>4 years</u> DUE TO (c) 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 <u>442 X</u>	
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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>Sept 14, 1949</u> , to <u>Oct 15th, 1952</u> , that I last saw the deceased alive on <u>Oct 15th, 1952</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Olemer F. Duffly M.D.</u>		23b. ADDRESS <u>Trenton mo</u>	23c. DATE SIGNED <u>Oct 17 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humphreys Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Humphreys mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-17-52</u>		REGISTRAR'S SIGNATURE <u>Frene Jairo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phyllis Lou Galt mo.</u>

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.