

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37597

No. 300
10.48

FILED DEC 15 1952 BIRTH NO. REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY OR TOWN Lamar	c. LENGTH OF STAY (in this place) 2 hrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Richland 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 Gulf		d. STREET ADDRESS (If rural, give location) Lamar P#2 0	

3. NAME OF DECEASED (Type or Print) FLOYD			a. (First)	b. (Middle)	c. (Last) CLEMENTS	4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1952		
--	--	--	------------	-------------	-----------------------	--	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Apr 1 1875		9. AGE (In years last birthday) 77	10. MONTHS 8	11. YEAR 5	12. HOURS 5	13. MIN. Min.
-------------	-----------------------	---	--------------------------------	--	---------------------------------------	-----------------	---------------	----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Champaign, 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 Bessie Fowler	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Clements, Lamar, Mo. P#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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Sudden death 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. Dropped dead in yard while attending furniture auction sale.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 XXXX, 19__, to XXXX, 19__, that I last saw the deceased alive on XXXX, 19__, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. A. Anna, Coroner		23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED Dec 8-1952
---------------------------------------	--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 9 1952	24c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery	24d. LOCATION (City, town, or county) (State) Barton County, Mo.	
---	-------------------------	---	---	--

DATE REC'D BY LOCAL REG. 12-7-1952	REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri	
---------------------------------------	--	--	---	--

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 _____

Carl F. Nowantz

Signed
Student Embalmer

Licensed Embalmer No. 2247

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.