

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6917

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. LENGTH OF STAY (In this place) <u>06:10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. WASHINGTON ST.</u>		d. STREET ADDRESS (If rural, give location) <u>W. LOCKST ST.</u>	
3. NAME OF DECEASED a. (First) <u>RICHARD</u> b. (Middle) <u>LEXIS</u> c. (Last) <u>CLEM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR 15, 1894</u>
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>11</u> DAYS <u>12</u> HOURS <u>0</u> MINS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>ELIS CLEM</u>	13b. MOTHER'S MAIDEN NAME <u>NETA JACOBS</u>	14. NAME OF HUSBAND OR WIFE <u>GERTRUDE G. CLEM</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-34-9352</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LOREN WHEELAN, PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Traumatic Injury caused by fall from a 7 1/2' scaffold while building a house - - - - -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10</u> Minutes
	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. <u>E9028</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>WHICH OCCURRED AT HOME ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At a house under construction</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Paris Monroe Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 27 5:35 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from a 7 1/2' ft. scaffold when he stepped on a loose shingle</u>	
22. I hereby certify that I attended the deceased from <u>2-27-1953</u> , to <u>2-27-1953</u> , that I last saw the deceased alive on <u>2-27-1953</u> , and that death occurred at <u>4:05 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. A. Barnett M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>	
23c. DATE SIGNED <u>2-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>2-28-53</u>	REGISTRAR'S SIGNATURE <u>J. A. Barnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed & Blakely PARIS, MISSOURI</u>	

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

MAR 24 1959

MAR 13 1959

MAR 11 1959

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.