

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13303**

FILED APR 20 1953

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>436</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1710 Jules Street</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>T homas</u> c. (Last) <u>Clinkenbeard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 19, 1875</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR Freight office</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ora May Clinkenbeard</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>491-10-5794</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ora May Clinkenbeard</u> ADDRESS <u>St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis general</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4/1/53</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/1</u> , 19 <u>53</u> , to <u>4/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/6</u> , 19 <u>53</u> , and that death occurred at <u>10:45A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Frank H. Hurdigan, MD</u> (Degree or title)		23b. ADDRESS <u>670 Francis Dr.</u>	23c. DATE SIGNED <u>4/8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>April 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u> <u>425</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer Teleman, Inc.</u> <u>St. Joseph, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1953

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

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.