

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38754

State File No. _____

BIRTH-NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1062-C

1. PLACE OF DEATH a. COUNTY <u>Green</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield Mo</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Johns Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Green</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay Rogersville, Mo rt #2 0390</u> d. STREET ADDRESS (If rural, give location) <u>Rogersville, rt 2. Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Evert</u> c. (Last) <u>Climer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25. 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>Sept 16. 1874</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY <u>U A</u>
13a. FATHER'S NAME <u>Joseph Climer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C W Climer</u> ADDRESS <u>1506 Cairo, Springfield</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.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis - & Congestive Failure</u> ANTECEDENT CAUSES <u>Hypertension, Arteriosclerosis</u> 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. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>332 X</u>	
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) _____
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>July</u> , 19 <u>53</u> , to <u>11/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>53</u> and that death occurred at <u>early</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm D Callaway M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>12/4/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 28, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pembina</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo</u>
DATE REC'D BY LOCAL REG. <u>12-5-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.