

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43433**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>J</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STO (RURAL) (VALLE)</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) <u>4910 N. 20TH ST. 2049</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HYGI, 1/2 MIN OFF FLOOM RD.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>CLEMENTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 25, 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>OCT. 21, 1946</u>	9. AGE (In years) (Months) (Days) <u>7</u>	10. IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>WALCOTT, ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>WILBURN CLEMENTS</u>	13b. MOTHER'S MAIDEN NAME <u>VELMA CAPPS</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JEWELL STREET</u> ADDRESS <u>PARAGOULD ARK.</u>
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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* (a) <u>Internal head injuries</u>		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) <u>And brascule leg.</u>		
	DUE TO (c) <u>None to auto collision</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Collision</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>050</u> (STATE)
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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? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Edwards M.D.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>608 W. 7th St. No. 910</u>	23c. DATE SIGNED <u>12/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PARAGOULD ARK.</u>
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DATE REC'D BY LOCAL REG. <u>12-30-53</u>	REGISTRAR'S SIGNATURE <u>Marie Parkard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RANDALL MITCHELL</u> ADDRESS <u>PARAGOULD</u>
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(Licensed Embalmer's Statement on Reverse Side)

0500  
3

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

NOV 5 1953  
JAN 9 1954

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED JAN 5 1954

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.....  
Signature of Student Embalmer

Signed..... *Paul A. Wadster*

Licensed Embalmer No. *2787*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.