

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 9 1954 REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5410 Registrar's No. 13

0340

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

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Twin Bridges	

2340
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3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Cecil c. (Last) Clinton			4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 54		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 7, 1953		9. AGE (In years last birthday) 5 Months 26 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and State or Foreign Country) Willow Springs, Missouri	

13a. FATHER'S NAME Cecil J. H. Clinton		13b. MOTHER'S MAIDEN NAME Anabelle Louise Darter		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Cecil J. H. Clinton, Twin Bridges ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Spina Bifida with hydrocephalus		ANTECEDENT CAUSES DUE TO (b) Congenital malformation		5 mo. 26 d.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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: 751 X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept. 7, 1953, to Mar. 3, 1954, that I last saw the deceased alive on Mar. 3, 1954, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas T. Francisco D.O.		23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 3-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/4/54		24c. NAME OF CEMETERY OR CREMATORY Little Zion	
				24d. LOCATION (City, town, or county) Douglas County Mo. (State)	

DATE REC'D BY LOCAL REG. mar. 6-54		REGISTRAR'S SIGNATURE Vestal Bushman		25. FUNERAL DIRECTOR'S SIGNATURE None used ADDRESS	
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.