

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12888**

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 150
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Sedalia	d. In 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) 3mos.		e. STREET ADDRESS (If rural, give location) 1118 East 13th, St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home				
3. NAME OF DECEASED a. (First) ELIZABETH (Type or Print)			b. (Middle) CLEVENGER c. (Last) CLEVENGER	
4. DATE OF DEATH April 12, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 19, 1865	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Cedar Rapids, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John G. Quass		13b. MOTHER'S MAIDEN NAME Freda Kleuger	14. NAME OF HUSBAND OR WIFE Kemp Clevenger (deceased)	
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. N one	17. INFORMANT'S SIGNATURE OR NAME Harold Clevenger, Kansas City, Mo. ADDRESS	
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) Carcinoma of Breast 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. Rheumatoid Arthritis		INTERVAL BETWEEN ONSET AND DEATH 3 years
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____		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) 170 X (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____ 1952 , to April 12, 1954 , that I last saw the deceased alive on April 10, 1954 , and that death occurred at 6:35 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE A. J. Walter, M.D. (Degree or title)		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 4-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 4-15-54	REGISTRAR'S SIGNATURE A. J. Campbell, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. Heckart ADDRESS Sedalia, Mo.		

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

2 Combs Exp. (Licensed Embalmer's Statement on Reverse Side)

APR 4 1955

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 *Russell C. Maag*.....

Licensed Embalmer No. *48*.....

P. O. Address *Sedalia,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.