

No. 300
10. 48

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14854**

BIRTH NO. _____ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **4034** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hume		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hume 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Benjamin c. (Last) Click			4. DATE OF DEATH (Month) (Day) (Year) May 19 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) groceryman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bloomfield Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin Click	13b. MOTHER'S MAIDEN NAME Emily McKee	14. NAME OF HUSBAND OR WIFE Altie Click
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Emerson Fultz	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo 2 yrs Feb 1954
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Pneumonia		
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 4211	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) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Feb 5**, 19**54**, to **May 19**, 19**54**, that I last saw the deceased alive on **May 18**, 19**54** and that death occurred at **8:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm H Allen M.D.	23b. ADDRESS Hume Mo	23c. DATE SIGNED 5/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21-54	24c. NAME OF CEMETERY OR CREMATORY Pleasanton Cemetery	24d. LOCATION (City, town, or county) (State) Pleasanton Kansas
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DATE REC'D BY LOCAL REG. May-21-1954	REGISTRAR'S SIGNATURE Fern H Martin	25. FUNERAL DIRECTOR'S SIGNATURE Torpedon Funeral Home	ADDRESS Pleasanton Kansas
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(Licensed Embalmer's Statement on Reverse Side)

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

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, Earl W. Jansen

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Earl W. Jansen

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

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.