

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26250

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>515</u>	
1. PLACE OF DEATH a. COUNTY <u>Bellinger</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Wayne</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Route, Gipsy, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u> c. CITY OR TOWN <u>Gipsy</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) <u>Star Route, Gipsy, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>M.</u> c. (Last) <u>CLONINGER</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>29</u> (Year) <u>54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/11/89</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>E. L. Cloninger</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>E. L. Cloninger, Gipsy, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Cloninger, Gipsy, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrostatic Pneumonia</u> ANTECEDENT CAUSES Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death <u>3 Days</u> <u>3 Days</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>5 Sep 53</u> , 19 <u>53</u> , to <u>29 Aug</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>26 Aug</u> , 19 <u>54</u> , and that death occurred at <u>6:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. D. L. Merrill, M.D.</u>		23b. ADDRESS <u>Advance, Missouri</u>		23c. DATE SIGNED <u>31 Aug 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill Cemetery</u>		24d. LOCATION (City, town, or county) <u>Stockland Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. L. E. Morgan Sr.</u>		ADDRESS <u>Advance, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0090

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..... *William H. May*

Licensed Embalmer No..... *46*

P. O. Address..... *Adverse*

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.