

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26985

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 1008 NEVADA	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X		X	

3. NAME OF DECEASED (Type or Print) GLENN NATHANIEL CLEMENT	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8-5-1954
---	------------	-------------	-----------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 11-13-1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
----------	--------------------	--	-----------------------------	------------------------------------	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) SOUTH FORK, MO.	12. CITIZEN OF WHAT COUNTRY? U S A
---	-------------------------------------	---	------------------------------------

13a. FATHER'S NAME NATHAN CLEMENT	13b. MOTHER'S MAIDEN NAME ARMINDA SINGER	14. NAME OF HUSBAND OR WIFE X
-----------------------------------	--	-------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. 500-34-2190	17. INFORMANT'S SIGNATURE OR NAME ADDRESS IAS CLEMENT, WEST PLAINS MO
--	-------------------------------------	---

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>NANING</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SELF INFLICTED</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------	------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WEST PLAINS, HOWELL, MO.</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-5-54 3 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓
---	---	------------------------------

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 \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Leatrice Louise Cook</u> (Degree or title)	23b. ADDRESS <u>West Plains, MO.</u>	23c. DATE SIGNED
--	--------------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 8-7-54	24c. NAME OF CEMETERY OR CREMATORY OAK LAWN	24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO
---	------------------	---	---

DATE REC'D BY LOCAL REG. 8-24-54	REGISTRAR'S SIGNATURE <u>Leatrice Cook</u>	379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO
----------------------------------	--	-----	--

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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*A. A. Roberts*

Licensed Embalmer No. 3432

P. O. Address West Hill

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.