

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>58</u>			
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BOLLINGER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u> <u>Glen Allen</u>					
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>0090</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>									
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
		<u>NAVY</u>		<u>LAWRENCE</u>		<u>CLINGINGSMITH</u>		<u>9-17-54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-14-1870</u>		9. AGE (In years last birthday) <u>84</u> Months <u>7</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>BUFORDSVILLE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas CLINGINGSMITH</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS TUCKER</u>		14. NAME OF HUSBAND OR WIFE <u>NANCY G. SITZE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Lost</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Underwood</u>		ADDRESS <u>Glenn</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) (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 <u>9/9</u> , 19 <u>54</u> , to <u>9/17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/17</u> , 19 <u>54</u> and that death occurred at <u>10:40 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John J. Myers</u>				(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>9/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glen Allen Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Glen Allen Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 22 1954</u>		REGISTRAR'S SIGNATURE <u>Willie Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>		ADDRESS <u>Lutesville Mo</u>			

(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, or by _____

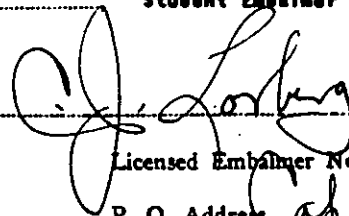
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo

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.