

FILED DEC 8 1954

STANDARD CERTIFICATE OF DEATH

36786

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write BURIAL and give town) <u>Rural Austin Twp.</u>	c. LENGTH OF STAY (In this place) <u>10 years</u>	c. CITY OR TOWN <u>Rural Austin Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi S.E. of Harrisonville</u>		e. STREET ADDRESS (If rural, give location) <u>9 mi S.E. of Harrisonville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HUGH</u>	b. (Middle) <u>VALEN</u>	c. (Last) <u>CLEMENT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 14 1898</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Adol, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm L Clement</u>	13b. MOTHER'S MAIDEN NAME <u>Biddie Dalton</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Clement</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>5745-20-8743</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fashleen Allen</u>	ADDRESS <u>P#2 Harrisonville</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)	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 11-29-1954, to 11-29-1954 that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

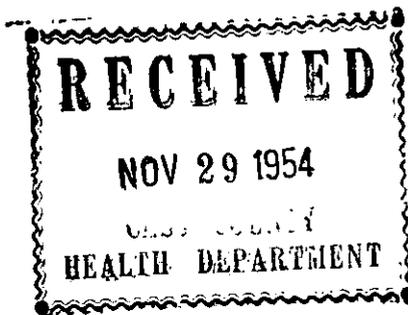
23a. SIGNATURE (Degree or title) <u>Edward S. Jones, MD</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>12-1-54</u>
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24a. BURIAL A CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
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DATE REC'D BY LOCAL REG <u>12-1-1954</u>	REGISTRAR'S SIGNATURE <u>Morav Savaud</u>	457	25. FUNERAL DIRECTOR'S SIGNATURE <u>Primmerburgers</u>	ADDRESS <u>Harrisonville Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

019-0



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 *James P. Phillips*.....

Licensed Embalmer No...*468*

P. O. Address...*Harrison*

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.