

FILED DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40694**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **122** PRIMARY REG. DIST. NO. **4202** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPICKARD</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>SPICKARD</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0409</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>METTIE</b> b. (Middle) <b>BELL</b> c. (Last) <b>CLEMENS</b>		4. DATE OF DEATH <b>DEC 18 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 14 1872</b>
9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 10 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>SPICKARD MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>JOHN ETHERTON</b>	13b. MOTHER'S MAIDEN NAME <b>NORA FLOWERS</b>	14. NAME OF HUSBAND OR WIFE <b>EDWARD CLEMENS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDWARD CLEMENS Spickard MO.</b>

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) <b>Apoplexy - dead suddenly</b>		INTERVAL BETWEEN ONSET AND DEATH
	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 <b>334X</b>	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)	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 **1952**, to **DEC 1**, 1954, that I last saw the deceased alive on **Dec 1**, 1954, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E W Swigg</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Spickard MO</b>	23c. DATE SIGNED <b>12-20-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC-23-1954</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>MASONIC CEM.</b>
		24d. LOCATION (City, town, or county) (State) <b>SPICKARD MO.</b>

DATE REC'D BY LOCAL REG. <b>12/23/54</b>	REGISTRAR'S SIGNATURE <b>Jiener</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SCHOOLER FUNERAL HOME Spickard MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Ross Wise* .....

Licensed Embalmer No. *3771*

P. O. Address *Spickard 9*

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.