No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41844

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5848 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Nodaway Grant township
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2 mi south
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): of Barnard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Barnard Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 2 mi south Grant township

3. NAME OF DECEASED (Type or Print): a. (First) Forrest b. (Middle) F. c. (Last) Clevenger

4. DATE OF DEATH (Month) (Day) (Year): 12-11-1954

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 30-1893
9. AGE (In years last birthday): 61 IF UNDER 1 YEAR: Months – Days 11 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (City and State or Foreign Country): Andrew Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Ira Clevenger
13b. MOTHER'S MAIDEN NAME: Martha Smith
14. NAME OF HUSBAND OR WIFE: Edith Clevenger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Edith Clevenger ADDRESS: Barnard 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

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: 42.01
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) m.:
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* 10-17-, 1953, *to* 12-11-, 1954, *that I last saw the deceased alive on* 12-9-, 1954, *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Warren C. Bahnmann
23b. ADDRESS: Savannah, Missouri
23c. DATE SIGNED: 12-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-14-1954
24c. NAME OF CEMETERY OR CREMATORY: Savannah
24d. LOCATION (City, town, or county) (State): Savannah Mo

DATE REC'D BY LOCAL REG.: Dec. 18-54
REGISTRAR'S SIGNATURE: Mrs. Eliza Crenshaw
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Breit Funeral Home Savannah Mo

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. C. Breit

Licensed Embalmer No 2650

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.