

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>782</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Rural Shannon</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural Shannon 0160</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. W-Neely Landing</u>				d. STREET ADDRESS <u>3 mi. W-Neely Landing 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>			b. (Middle) <u>Lou</u>		c. (Last) <u>Clingingsmith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 16 1888</u>	9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>25</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Sides</u>			13b. MOTHER'S MAIDEN NAME <u>Carolina Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Clingingsmith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elvin Clingingsmith</u> ADDRESS <u>Jackson mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast Right</u> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>V</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>	
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)		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 <u>Dec 1 1953</u> to <u>Jan 11 1953</u> , that I last saw the deceased alive on <u>Jan 1 1953</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. S. Seabury</u>				23b. ADDRESS <u>Jackson mo</u>		23c. DATE SIGNED <u>1-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 14 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi. W-Neely Landing</u>	
DATE REC'D BY LOCAL REG. <u>1/13/53</u>		REGISTRAR'S SIGNATURE <u>D. S. Seabury</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorothea-Laurd</u>		ADDRESS <u>Jackson mo</u>	

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

100-104-1-1 (Revised Embellisher's Statement on Reverse Side)

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.....

R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Ms.

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.