

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11839

State File No.

FILED MAY 16 1955

1721

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>27 yrs</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3433 CAMPBELL AVE.</u>		STREET ADDRESS (If rural, give location) <u>50 3433 CAMPBELL AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>CLEMENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17, 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 1</u>	
8. DATE OF BIRTH <u>JAN 28 1888</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SCRANTON, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Curry</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN BOWIE</u>		14. NAME OF HUSBAND OR WIFE <u>William Clemens</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>496-24-6052</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HELEN MILLER LAFAYETTE, INDIANA</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>ac Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension.</u>			<u>5 yr</u>	
		DUE TO (c) <u>elder nephritis</u>			<u>-</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>59 st</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4/16, 1955, to 4/17, 1955, that I last saw the deceased alive on 4/17, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Tripp</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6247 Brookfield Blvd</u>		23c. DATE SIGNED <u>4/18/55</u>	
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24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TOPEKA CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>TOPEKA KANSAS</u>	

DATE REC'D BY LOCAL REG. <u>4-19-55</u>		REGISTRAR'S SIGNATURE <u>neva mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. M. ... 1331 ... KANSAS</u>	
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(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.....
Signature of Student Embalmer

Signed *Jan T. Dewar*.....

Licensed Embalmer No. *445*.....

P. O. Address *Denver*.....

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.