

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15246

State File No.

FILED JUN 14 1955

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY OR TOWN <u>TRENTON</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>TRENTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.E. NURSING HOME</u>			
e. STREET ADDRESS (If rural, give location) <u>200 W 64th St. 040 1/2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>LEE</u> c. (Last) <u>PROVANCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1955</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>Widowed.</u>	8. DATE OF BIRTH <u>July 17 1884</u>	9. AGE (In years last birthday) <u>70</u>	If UNDER 1 YEAR: Months	If UNDER 1 YEAR: Days	If UNDER 1 HRs. Hours	If UNDER 1 HRs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>TOM PROVANCE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>IRRENA PROVANCE (dec)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-18-2509</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ERMAN GRIFFIN (DAU)</u>		ADDRESS <u>Trenton, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Cancer</u>			ANTECEDENT CAUSES <u>Operated on Ellis Fisher</u>			<u>1954</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Hosp: Columbia Mo</u>					
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		20. AUTOPSY? <u>177 X</u> 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 such 15, 1953, to June 4, 1955, that I last saw the deceased alive on June 4, 1955 and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.A. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>June 6-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6/6/55</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Blackman</u>		ADDRESS <u>Trenton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

E.A. Duffy M.D.

JUN 14 1955

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. 51 working under my personal supervision..

Student Claude H. Crandall
Signature of Student Embalmer

Signed Gordon Blackmer

Licensed Embalmer No. 460

P. O. Address TRENTON, N.J.

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.