

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18577

State File No. _____

2530

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>12 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is 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 <u>Gen. Hospital # 1</u>				e. STREET ADDRESS (If rural, give location) <u>801 Penn</u>				<u>3118</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>William</u>			b. (Middle) <u>Riley</u>			c. (Last) <u>Clevenger</u>				
4. DATE OF DEATH			(Month) <u>6</u>			(Day) <u>13</u>			(Year) <u>55</u>				
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-9-88</u>		9. AGE (In years) <u>66</u> IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mines</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>William R. Clevenger</u>				13b. MOTHER'S MAIDEN NAME <u>Mary E. -</u>				14. NAME OF HUSBAND OR WIFE <u>Boulah Clevenger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>491-01-9134</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Boulah Clevenger</u>				ADDRESS <u>801 Penn.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Lung with diffuse metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>163 X</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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>6-6</u> , 19 <u>55</u> , to <u>6-13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>55</u> , and that death occurred at <u>5:00p m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>B. I. Burns</u>				(Degree or title) <u>M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>6-13-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Siegel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>6-14-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshel</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>TRICHARD FUNERAL HOME</u>						ADDRESS <u>EXCELSIOR SPRINGS, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

107-21

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 *Lindell Jarman*

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs, Mo*

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.