

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21441

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>1120</u>					
1. PLACE OF DEATH a. COUNTY <u>Cass</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>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>2 hours</u>		c. CITY OR TOWN <u>Kansas City, Mo.</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4509 E. 39th</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Clements</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1955</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 10, 1928</u>					
9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Nelson Ray Clements</u>			13b. MOTHER'S MAIDEN NAME <u>Francis O. Powell</u>			14. NAME OF HUSBAND OR WIFE <u>Not Married</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean Veteran</u>			16. SOCIAL SECURITY NO. <u>497-28-4035</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Clements</u>			ADDRESS <u>3726 Vineyard K. C. 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>AUTOMOBILE TRAUMA</u> ANTECEDENT CAUSES DUE TO (b) <u>HEMOPNEUMOTHORAX, PNEUMONES</u> DUE TO (c) <u>OF PELVIC, MANDIBLE, RIBS, TARSUS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 HOURS</u>			
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT (Specify) <u>ACCIDENT*</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BIG CREEK TOWNSHIP CASS MISSOURI</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 31 55 3:15 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>							
22. I hereby certify that I attended the deceased from <u>4:30 AM 7-31, 1955</u> , to <u>6:15 AM 7-31, 1955</u> , that I last saw the deceased alive on <u>7-31</u> , 1955, and that death occurred at <u>6:15 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>J. C. Meady</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>HARRISONVILLE MISSOURI</u>		23c. DATE SIGNED <u>7-31-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Second Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>August 2, 1955</u>		REGISTRAR'S SIGNATURE <u>Dora Barriard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. C. L. Lanter</u>		ADDRESS <u>Kansas City, Mo.</u>					

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

1951 FEB 23 1951

RECEIVED
AUG 8 - 1955
CASS COUNTY
HEALTH DEPARTMENT

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. *Robert W. Johnson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Lanswell, 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.