

FILED DEC 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. **36135**

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give town) Braymer	c. LENGTH OF STAY (in this place) 37 yrs.	c. CITY OR TOWN Braymer	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0130	

3. NAME OF DECEASED (Type or Print)	a. (First) Johnie	b. (Middle) Thomas	c. (Last) Clemens	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 3, 1884	9. AGE (in years last birthday) 70 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	10b. KIND OF BUSINESS OR INDUSTRY retired hardware	11. BIRTHPLACE (City and State or Foreign Country) Horborne, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John E. Clemens	13b. MOTHER'S MAIDEN NAME Mary E. McLaughlin	14. NAME OF HUSBAND OR WIFE Myrtle Clemens
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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) no	16. SOCIAL SECURITY NO. 487-20-1629	17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle Clemens	ADDRESS Braymer Mo
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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, asthma, 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) multiple sclerosis		11 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 345X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia		2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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 **June**, 19**47**, to **Dec. 3**, 19**55**, that I last saw the deceased alive on **Dec. 3**, 19**55**, and that death occurred at **4:35p. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Goldberg MD (Degree or title)	23b. ADDRESS Braymer, Missouri	23c. DATE SIGNED 12-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-5-55	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.	24d. LOCATION (City, town, or county) (State) Braymer, Missouri
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DATE REC'D BY LOCAL REG. Dec. 9-55	REGISTRAR'S SIGNATURE Mrs Ruth Ann Grogan	25. FUNERAL DIRECTOR'S SIGNATURE Mead Funeral Service ADDRESS Braymer, Miss
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2130

2801

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 *Bernard J. Head*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.