

FILED DEC 6 1955

STANDARD CERTIFICATE OF DEATH 4497

State File No. 39406

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6447 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence Mo		c. LENGTH OF STAY (In this place) 20 yrs	c. CITY OR TOWN Clarence Mo		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 Clarence Mo			e. STREET ADDRESS (If rural, give location) Clarence Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Louise c. (Last) Roy			4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and State or Foreign Country) Shelby County		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John William Schwada		13b. MOTHER'S MAIDEN NAME Clara Neaman		14. NAME OF HUSBAND OR WIFE Edward Roy		
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Roy Clarence, Mo.				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH 60 hrs. 2 yrs unk.	
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)	21e. INJURY OCCURRED WHILE AT 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 4-5, 1954 , to 11-25, 1955 , that I last saw the deceased alive on 11-25, 1955 , and that death occurred at 8:15 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Mrs. M. Hill D.O.			23b. ADDRESS Clarence, Mo		23c. DATE SIGNED 11-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-28-55	24c. NAME OF CEMETERY OR CREMATORY Maplewood	24d. LOCATION (City, town, or county) (State) Clarence, Mo			
DATE REC'D BY LOCAL REG. 11-31-55	REGISTRAR'S SIGNATURE Ada Garrison		55. FUNERAL DIRECTOR'S SIGNATURE Greening Funeral Home		ADDRESS Clarence, Mo.	

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 *Charles V. Greening*

Licensed Embalmer No. *46*

P. O. Address *Claremont*

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.