

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI

Reg. 13838  
SL-8189

STANDARD CERTIFICATE OF DEATH

6070  
State File No. ....

FILED MAR 5 1956

318

1003

Registrar's No. 1846

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

REGISTRAR'S NO. ....

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>TEXAS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>30 days</b>	c. CITY OR TOWN <b>BENBROOK</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>GENERAL DELIVERY</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUD</b> b. (Middle) <b>Clemmons</b> c. (Last) <b>ALLEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-20-56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-8-94</b>
9. AGE (In years last birthday) <b>61</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night watchman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Belton, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Allen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>	
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) <b>MYOCARDIAL INFARCTION</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>PULMONARY TUBERCULOSIS</b>  INTERVAL BETWEEN ONSET AND DEATH <b>12 years</b>	
19a. DATE OF OPERATION <b>2-17-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Broncho-pleural Fistula with Empyema Throacis</b>		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) m.	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 <b>1-21-56</b> , 19___, to <b>2-20-56</b> , 19___, that death occurred on <b>2-20-56</b> , 19___, at <b>10:10a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. J. Namanskas</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VA Hospital 915 N. Grand, St. Louis, Mo.</b>	23c. DATE SIGNED <b>2-20-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/21/56</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Fort Worth Texas</b>
DATE REC'D BY LOCAL REG. <b>FEB 21 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WALTER FENDLER FUNERAL HOME</b> <b>50 GRAND ST. Louis, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 *Francis J. McLaughlin Jr*.....  
Licensed Embalmer No. *4512*

P. O. Address *St. Louis, 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.

*2-10-1918*  
*St. Louis, Mo.*  
*Francis J. McLaughlin Jr*