No. 300
10.48

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

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13088

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs
c. LENGTH OF STAY (In this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN: Willow Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Porter
c. (Last): CLINGINGS

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20, 1872
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 10 Days 29 Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Oregon County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Clingings
13b. MOTHER'S MAIDEN NAME: Alpha Salee
14. NAME OF HUSBAND OR WIFE: Matilda Jane Clingings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: 497-24-6839
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Matilda Clingings
ADDRESS: Willow Spgs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE CEREBRAL — INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8, 1956 *to* 4-19-56, 19____, *that I last saw the deceased alive on* 4-19-56, 19____, *and that death occurred at* 11A. m., *from the causes and on the date stated above.*

23a. SIGNATURE M.B. Perkins (Degree or title) M.D.
23b. ADDRESS: Willow Springs, Mo.
23c. DATE SIGNED: 4-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-56
24c. NAME OF CEMETERY OR CREMATORY: Myrtle
24d. LOCATION (City, town, or county) (State): Myrtle, Mo.

DATE REC'D BY LOCAL REG.: 4/28/56
REGISTRAR'S SIGNATURE: Marshalle Ballard
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Burns Funeral Home, Willow Spgs., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Barnes
Fred W. Barnes,

Licensed Embalmer No. 461

P. O. Address Willow Spri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.