

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 4138

State File No. ....

BIRTH NO. .... REG. DIST. NO. 75 PRIMARY REG. DIST. NO. ~~3015~~ Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>C. CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LATHROP</b>		c. CITY OR TOWN <b>LATHROP</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs.</b>		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 <b>His Home</b>		e. STREET ADDRESS (If rural, give location) <b>His Home 0250</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>CLAY</b> c. (Last) <b>MOMYER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1956</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>Sept. 30 - 1870</b>		9. AGE (In years last birthday) <b>86</b>		10. UNDER 1 YEAR Days	
11. BIRTHPLACE (City and State or Foreign Country) <b>BARNESVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BARNESVILLE MO</b>	
13a. FATHER'S NAME <b>DANIEL H. MOMYER</b>		13b. MOTHER'S MAIDEN NAME <b>ISABELLE BROWN</b>		14. NAME OF HUSBAND OR WIFE <b>OLLIE B. MOMYER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Betty Mae Momyer</b> ADDRESS <b>LATHROP, MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

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) 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 **May 12 - 1956** to **May 19 - 1956**, that I last saw the deceased alive on **May 19, 1956**, and that death occurred at **9:05 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>F. J. Longfield, M.D.</b> (Degree or title)		23b. ADDRESS <b>Lathrop, Mo</b>		23c. DATE SIGNED <b>5/23/56</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 22-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LATHROP Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>LATHROP MO.</b>		DATE REC'D BY LOCAL REG. <b>5-24-56</b>		REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>De Moss CRUNK</b>		ADDRESS <b>Cameroon, Mo</b>			

JUN 7 1956

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. W. [Signature]* .....

Licensed Embalmer No. 250

P. O. Address *Cameroon*

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.