

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19860**

FILED JUL 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 4

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll.</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne. Egypt.</u> |  | c. CITY OR TOWN <u>Norborne.</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>86 years.</u>   |  | e. STREET ADDRESS (If rural, give location) <u>327 west 2nd street.</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>327 west 2nd street.</u>                                  |  |   |   |

|                                     |                        |                              |                           |   |
|-------------------------------------|------------------------|------------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Clemens.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July. 9/1956</u> |
|-------------------------------------|------------------------|------------------------------|---------------------------|---|

|                      |                                |  |                                       |   |  |  |
|----------------------|--------------------------------|--|---------------------------------------|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u> | 8. DATE OF BIRTH <u>Feb/ 20/1864.</u> | 9. AGE (In years last birthday) <u>92</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|--------------------------------|--|---------------------------------------|---|--|--|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work Own Home.</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Siota County Ohio.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---|---|--|--|

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|---|--|--|
| 13a. FATHER'S NAME <u>John R. Auld.</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha White.</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased.</u> |
|---|--|--|

|  |                                   |   |               |
|--|-----------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>General A. Chant, Norborne Mo.</u> | ADDRESS _____ |
|--|-----------------------------------|---|---------------|

|  |   |       |  |
|--|---|-------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |       | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Grade II, Papillary carcinoma of bladder</u>  |       |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |       |  |
| II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis, diffuse. Hemorrhoids. Hypertension, essential</u>  |   | 16 yr |  |

|                              |  |  |
|------------------------------|--|--|
| 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) <u>181x</u> |
|---|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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 March, 1940, to 10-9-1956, that I last saw the deceased alive on 10-9-1956, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

|   |                               |                                  |                                 |
|---|-------------------------------|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Joseph S. Vassell</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Norborne Mo.</u> | 23c. DATE SIGNED <u>7-10-56</u> |
|---|-------------------------------|----------------------------------|---------------------------------|

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July. II/1956.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri.</u> |
|---|---------------------------------|--|---|

|  |  |   |                             |
|--|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>July 11-1956</u> | REGISTRAR'S SIGNATURE <u>Eileen Pennington</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Detch</u> | ADDRESS <u>Norborne Mo.</u> |
|--|--|---|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

46

9561 5-8 7007

JUN 7 1957

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. *Me* working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John G. Ditch*

Licensed Embalmer No. *345*

P. O. Address *Harbore*

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.