

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20026

State File No. \_\_\_\_\_

FILED JUL 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>URBANA</u>	c. LENGTH OF STAY (in this place) <u>74 YRS</u>	c. CITY OR TOWN <u>URBANA, MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0200</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Zona</u> b. (Middle) <u>May</u> c. (Last) <u>CLYMORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-56</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>July-14-1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Billian</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha I Jones</u>	14. NAME OF HUSBAND OR WIFE <u>E. T. CLYMORE</u>	
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. T. CLYMORE URBANA, MO</u>	
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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) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Rheumatic Heart-Advanced Cardiovascular sclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>about 1 hour</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4201</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 I/20, 1956, to 6/25, 1956, that I last saw the deceased alive on 6/25, 1956, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Kenneth M. A. P.</u> (Degree or title)	23b. ADDRESS <u>Urbana, MO</u>	23c. DATE SIGNED <u>6/26/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOWER Chapel Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>
DATE REC'D BY LOCAL REG. <u>6/29/56</u>	REGISTRAR'S SIGNATURE <u>Grace Patricia</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u>	ADDRESS <u>Urbana, MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

80.0

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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 *Allen W. Vaughan*.....

Licensed Embalmer No. *4156*

P. O. Address *Urbana,*

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.