

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25941**

| | | | | |
|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>15</u> | PRIMARY REG. DIST. NO. <u>3004</u> | Registrar's No. <u>64</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Tulare</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> | | c. CITY OR TOWN <u>Visalia</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) | | e. STREET ADDRESS (If rural, give location) <u>R#2</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hospital</u> | | <u>8040 S</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFIE</u> | | b. (Middle) <u>EUGENIA</u> | c. (Last) <u>CLEMENTS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1956</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov 15, 1879</u> | 9. AGE (In years last birthday) <u>76</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 <u>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
| 13a. FATHER'S NAME <u>Clark Ridgley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Delia F. Stump</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Clements</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ardith Grey, Whittier, California</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Nephritis</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>2 weeks</u> |
| 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>Lamar, Tulare, Calif</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 15</u> , 19 <u>56</u> , to <u>Aug 30</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>56</u> ; and that death occurred at <u>1:50</u> a.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>E. Guedes</u> | | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Lamar, Calif</u> | 23c. DATE SIGNED <u>8-31-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Sept 1 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u> | 24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>SEP 1 - 56</u> | REGISTRAR'S SIGNATURE <u>Marie Konantz</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0061

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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..... *Carl F. Edwards*

Licensed Embalmer No. *2247*

P. O. Address *Lamar, Missouri*

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.