.S. No. 300
Rev. 10-48

0060

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FILED AUG 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25949

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5065 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Ozark
c. LENGTH OF STAY (in this place): 45-years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Ozark 0060
d. STREET ADDRESS (If rural, give location): R.R.#1 Mulberry, Kansas 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mamie
b. (Middle): Aeline
c. (Last): Clovis

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 18, 1894
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Soddy, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harvey Richey
13b. MOTHER'S MAIDEN NAME: Eliza Emery
14. NAME OF HUSBAND OR WIFE: John B. Clovis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: John B. Clovis R.R. #1 Mulberry, Kansas

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) Inanition & Debilitation Caused by Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Carcinoma of Liver — 2 yrs.
DUE TO (c) Hemochromatosis — 2½ Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ascites & Circulatory Failure — 2 Mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 155 X
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?~~ Mar. 12, 1946 to Aug. 16, 1956

22. *I hereby certify that I attended the deceased from* Mar. 12, 1946, *to* Aug. 16, 1956, *that I last saw the deceased alive on* Aug. 16, 1956, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. H. Kneeland D.O.
23b. ADDRESS: Liberal, Missouri
23c. DATE SIGNED: Aug. 18-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 18, 1956
24c. NAME OF CEMETERY OR CREMATORY: Rosebanks Cemetery
24d. LOCATION (City, town, or county) (State): Mulberry, Kansas

DATE REC'D BY LOCAL REG.: Aug 21, 1956
REGISTRAR'S SIGNATURE: Charlotte McDowell
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Milbur J. Mantany Mulberry, Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed E. K. Smith

Licensed Embalmer No. 3969

P. O. Address Pittsburg Kans

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 this body is not embalmed, fact should be so stated above.