

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1956

STATE FILE NUMBER 32075

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1246

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bigelow		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2				Length of stay in lb 7 y-10 m-10		d. STREET ADDRESS not given (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First LEWIS		Middle		Last CLAREY	
4. DATE OF DEATH		Month Nov.		Day 23		Year 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 10, 1881	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Cameron, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cameron, Mo.	
13. FATHER'S NAME David Clarey				14. MOTHER'S MAIDEN NAME Manerves Nelson			
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 County Clerk		Address Oregon, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertension DUE TO (c) Arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral arterio sclerosis with psychoses							INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from August 15, to Nov. 23, 1956 and last saw her alive on Nov. 23, 1956 Death occurred at 6:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. R. Price M.D.				22b. ADDRESS State Hospital No 2 St Joseph Mo		22c. DATE SIGNED 11/23/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/27/56		23c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery		23d. LOCATION (City, town, or county) (State) Oregon, Missouri	
24. FUNERAL DIRECTOR James H. Pettigrew Oregon Mo				25. DATE RECD. BY LOCAL REG. Nov 27, 1956		26. REGISTRAR'S SIGNATURE Ernest M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 <sup>vm</sup>em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *James H Pettigrew*.....  
Licensed Embalmer No..... *31*.....  
P. O. Address..... *Oregon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.