No. 300
10.48

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

FILED FEB 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3367

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6113 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Commerce Route # 1
c. LENGTH OF STAY (in this place): 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Commerce Route # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Commerce
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route # 1

1000

3. NAME OF DECEASED (Type or Print)
a. (First): ESSIE
b. (Middle): MAE
c. (Last): CLINTON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1880
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 2, Days 28 — 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: - - - -
11. BIRTHPLACE (City and State or Foreign Country): Oden, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ~~Unknown~~ Evelyn Stewart
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ Nicey Barker
14. NAME OF HUSBAND OR WIFE: Edd Clinton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Edd Clinton Commerce, Mo. Rt. # 1

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) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Hypertension — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443 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?

22. *I hereby certify that I attended the deceased from* 1-28, 1957, *to* 1-28, 1957, *that I last saw the deceased alive on* 1-28, 1957, *and that death occurred at* 10:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas C. McClure M.D.
23b. ADDRESS: Sikeston, Missouri
23c. DATE SIGNED: 2-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1957
24c. NAME OF CEMETERY OR CREMATORY: Forrest Hills
24d. LOCATION (City, town, or county) (State): Morley, Missouri

DATE REC'D BY LOCAL REG.: 2-2-57
REGISTRAR'S SIGNATURE: Mrs. Ellen Hunter
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Philip E. Cassedy, Nunnelee Funeral Chapel Sikeston

(Licensed Embalmer's Statement on Reverse Side)

29-0

Mo

DATE RECEIVED FEB 4 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Sikeston, Mis

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