

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16394

State File No. ....

FILED JUN 10 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Rural</u>		c. CITY OR TOWN <u>Overland Park</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) <u>17 days</u>		e. STREET ADDRESS (If rural, give location) <u>7133 Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake of the Ozark</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u> b. (Middle) <u>W</u> c. (Last) <u>Clingan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12-1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 3-1920</u>
9. AGE (In years, months, days) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Reinbeck, Ia.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Lawrence Clingan</u>	
13b. MOTHER'S MAIDEN NAME <u>Olive Melton</u>		14. NAME OF HUSBAND OR WIFE <u>Delvina Clingan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Delvina M. Clingan</u>		ADDRESS _____	
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) <u>Suffocation</u>  ANTECEDENT CAUSES DUE TO (b) <u>Accidental Drowning</u> <u>Falling from boat</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in deep water of the</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Lake of the Ozark # E850X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>accident</u>	
21b. PLACE OF INJURY (e.g., floor or about home, street, factory, school, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Overland Park</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 12-1957</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell from motor boat into the lake of the Ozark</u>		22. I hereby certify that I attended the deceased from <u>May 29, 1957</u> , to <u>29</u> , that I last saw the deceased <u>alive on</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Abbie Woolery Coroner</u>		23b. ADDRESS <u>Camden MO</u>	
23c. DATE SIGNED <u>May 28-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>May 28-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reinbeck, Iowa</u>	
24d. LOCATION (City, town, or county) (State) <u>Reinbeck Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u> ADDRESS <u>Camden MO</u>	
DATE REC'D BY LOCAL REG. <u>May 28-1957</u>		REGISTRAR'S SIGNATURE <u>Filpha J. Inoué</u>	

JUN 13 1957

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton

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.