

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23372

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 260

1. PLACE OF DEATH  
a. COUNTY **ADAIR**  
b. CITY (If outside corporate limits, write RURAL and give town) **KIRKSVILLE**  
c. LENGTH OF STAY (in this place) **2 Mo**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **KIRKSVILLE OSTEOPATHIC**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MISSOURI** b. COUNTY **ADAIR**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KIRKSVILLE 00130**  
d. STREET ADDRESS (If rural, give location) **2015 HALIBURTON, ST**

3. NAME OF DECEASED  
a. (First) **PANSY** b. (Middle) **LOW** c. (Last) **CLEVENBER**  
4. DATE OF DEATH (Month) (Day) (Year) **JULY 21 1957**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **AUG 31 1944** 9. AGE (In years last birthday) **12** if UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ if UNDER 1 Wks: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NEVER WORKED** 10b. KIND OF BUSINESS OR INDUSTRY **CHILD** 11. BIRTHPLACE (State or foreign country) **IOWA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **HERBERT CLEVENGER** 13b. MOTHER'S MAIDEN NAME **LUCETTA WHITTAKER** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 **Herbert Clevenger** ADDRESS **Kirksville, Mo**

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, asthma, etc. It means the disease, injury, or complication which caused death.**  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Respiratory and cardiac arrest**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Congestive failure and hypertension**  
DUE TO (c) **Glomerulonephritis**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH **60 days**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? **2** 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) **593X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 **7-1-57**, 19**57**, to **7-21**, 19**57**, that I last saw the deceased alive on **7-20**, 19**57**, and that death occurred at **2:29** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Joseph G. Helib 00 / Harold 00** 23b. ADDRESS **1102 E. Normal** 23c. DATE SIGNED **7-21-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **7-23-57** 24c. NAME OF CEMETERY OR CREMATORY **EDWARDS CEM-** 24d. LOCATION (City, town, or county) (State) **OAKVILLE IA**

DATE REC'D BY LOCAL REG. **7-21-57** REGISTRAR'S SIGNATURE **Dorcas W. Rath** 25. FUNERAL DIRECTOR'S SIGNATURE **Edge Funeral Home** ADDRESS **Madison, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

5350

MISSISSIPPI  
STATE BOARD OF HEALTH  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
MEMPHIS, TENNESSEE  
JAN 20 1954  
RECEIVED  
STATE BOARD OF HEALTH  
MEMPHIS, TENNESSEE

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

*Myself*

working under my personal supervision.

Student Embalmer No. *✓*

Signed *✓* .....  
Student Embalmer

Signed *Kugh L. Johnson*

Licensed Embalmer No. *3487*

P. O. Address *Centerville, Ia*

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.