

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31057**

FILED OCT 14 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **455**

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and admission) a. STATE Missouri b. COUNTY Cape Girardeau 0661	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau, 0		c. LENGTH OF STAY (in this place) 30yrs	c. CITY OR TOWN Jackson Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0	
STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) C c. (Last) Clingingsmith			4. DATE OF DEATH (Month) (Day) (Year) Oct, 6, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June, 12, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Old Appleton Mo 0		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME James Clingingsmith		13b. MOTHER'S MAIDEN NAME Victoria Burns		14. NAME OF HUSBAND OR WIFE Mammie Clingingsmith.	
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 Mammie Clingingsmith Jackson Mo.	
ADDRESS		ADDRESS		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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo. Cardial Failure		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Aortic incompetence		years	
		DUE TO (c) Arteriosclerosis		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Bronchial Asthma and Senility					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4211		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 4, 1957**, to **Oct 6, 1957**, that I last saw the deceased alive on **Oct 6, 1957**, and that death occurred at **11:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.M. Stevenson, D.O.		(Degree or title)		23b. ADDRESS 202-06 Hirsch Bldg Cape Girardeau, Mo		23c. DATE SIGNED 10/7/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/9/1957		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cent		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	
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DATE REC'D BY LOCAL REG. 10-9-57		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE L. L. Harmon		ADDRESS Cape Girardeau Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

4

OCT 22 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.....
H. L. Haman
H. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.