

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31177**

FILED SEP 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>72</u>	PRIMARY REG. DIST. NO. <u>5289</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Loshland</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Loshland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>830 Nagel</u>		STREET ADDRESS (If rural, give location) <u>830 Nagel</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Siler</u> b. (Middle) <u>William</u> c. (Last) <u>Clardy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 7 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>July 1, 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Station Prop. Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Sarland C. Clardy</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara V. Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Mary S. Clardy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY <u>497-36-5762</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sig. Clardy</u> ADDRESS <u>409 E 29th ave</u>	
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) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Two previous Coronaries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>5 yrs.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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? _____		
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>55</u> , to <u>Sept 7</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Sept 7</u> , 19 <u>57</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithville, Mo</u>	23c. DATE SIGNED <u>9/9/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>	24b. DATE <u>Sept 9-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-9-57</u>	REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>San N.K.C. Mo.</u>		

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

Dr. Charles  
Smithwick

SEP 26 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 *Glenn H. Rice*.....

Licensed Embalmer No. 458

P. O. Address K.C. 16. H.

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.