

Dept. Health,
S. & Welfare
S. Public
Health Service

S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV. 19 1957		STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER 41579	
Registration District No. 297		Primary Registration District No. 6022		Registrar's No. 131	
1. PLACE OF DEATH a. COUNTY Ray.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Stet.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hospital. II. Days		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R. R.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Agnes Clemens.			4. DATE OF DEATH Month Day Year Nov. 8, 1957		
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1899.	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and state or country) St. Clair County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim Parks.		13b. MOTHER'S MAIDEN NAME Bell Trego Clemens.		14. NAME OF HUSBAND OR WIFE Claude Clemens.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. No	17. INFORMANT Address Estel Clemens, Cocoa, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Phlebotrombosis 9049 DUE TO (c) Surgery - su. pet. Nail of Hip. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY 889 STATE
21. I attended the deceased from Oct. 28 to Nov. 8, 57 and last saw ^{her} _{him} alive on Nov. 8 - 57 Death occurred at 10: A M on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. R. Russell, M.D.			22b. ADDRESS Richmond Mo		22c. DATE SIGNED 11-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		23b. DATE II. 10/1957	23c. NAME OF CEMETERY OR CREMATORY Wakendow Cemetery.		23d. LOCATION (City, town, or county) (State) North Hardin Missouri.
24. FUNERAL DIRECTOR John E. Dutch		ADDRESS Northbourne Mo	25. DATE RECD. BY LOCAL REG. 11-15-1957	26. REGISTRAR'S SIGNATURE Mabel Jackson	

(Licensed Embalmer's Statement on Reverse Side)

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