

Health,
Welfare
Public
Service

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005213

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 34

300
1-57
0

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton 0402 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT HOSPR		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 716 HARRIS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Okie Middle Lee Last Clemens			4. DATE OF DEATH Month Feb Day 17 Year 1958			
--	--	--	---	--	--	--

5. SEX MAle	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 5 1900	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEXTON	10b. KIND OF BUSINESS OR INDUSTRY RAILWAY	11. BIRTHPLACE (City and state or country) HAIR ROCK MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME Lee Clemens	13b. MOTHER'S MAIDEN NAME MARGARET RITCHMOND	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Ernest Clemens Address Trenton, 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) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 STATE
---	---	--	---

21. I attended the deceased from Death occurred at	Nov 12 1957 and last saw her alive on Feb 17 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.
---	---

22a. SIGNATURE Oliver F. Duffy M.D. (Degree or title)	22b. ADDRESS Trenton MO	22c. DATE SIGNED Feb 20 1958
---	-----------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/19/58	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cem	23d. LOCATION (City, town, or country) (State) Trenton MO
--	-----------------------------	--	---

24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton, MO	25. DATE RECD. BY LOCAL REG. 2-19-58	26. REGISTRAR'S SIGNATURE Gene Fair
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. F. Duffy

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAR 12 1958

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 *Harold Roberts*

Licensed Embalmer No. *4920*

P. O. Address *Linton, Mo.*

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.