

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009857
State File No.

FILED MAR 31 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1305

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		c. LENGTH OF STAY (In this place) 17 days	c. CITY OR TOWN Lee's Summit
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 200 E. 1st.			

3. NAME OF DECEASED (Type or Print) a. (First) Earl	b. (Middle) Franklin	c. (Last) Clements	4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28, 1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Lone Jack, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Milton T. Clements	13b. MOTHER'S MAIDEN NAME Lottie	14. NAME OF HUSBAND OR WIFE Ina Clements
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 496-09-8700	17. INFORMANT'S SIGNATURE OR NAME Ina Clements, 200 E. 1st. Lee's Summit, Mo.	ADDRESS
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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. Connected by 2/12/58 6/23/58	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 19 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 2

22. I hereby certify that I attended the deceased from 2-21, 1958, to 3-11, 1958, that I last saw the deceased alive on 3-11, 1958, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>L. B. Knight</i>	(Degree or title) 0	23b. ADDRESS Lee's Summit, Mo.	23c. DATE SIGNED 3-11-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 13, 1958	24c. NAME OF CEMETERY OR CREMATORY LONE JACK Sunset Hill Cemetery	24d. LOCATION (City, town, or county) (State) LONE JACK Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. 3-12-58	REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Langsford Funeral Home</i>	ADDRESS Lee's Summit Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. B. Knight

JUN 9 1958

APR 7 1958
APR 2 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 *D. B. Langford Jr.*
Licensed Embalmer No. #562
P. O. Address *Lee's Summit*

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.