S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-021187

FILED JUN 23 1958

BIRTH NO. 20 1958 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5181 Registrar's No. 356

0160

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Applecreek
c. LENGTH OF STAY (in this place): 86 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles E. Pocahontas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Applecreek 0160
d. STREET ADDRESS (If rural, give location): East Pocahontas

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Frances
c. (Last): Clingingsmith

4. DATE OF DEATH (Month) (Day) (Year): June 6 1958

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 21, 1872
9. AGE (In years last birthday): 86 — 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): housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John Medlock
13b. MOTHER'S MAIDEN NAME: Mary A. Vastine
14. NAME OF HUSBAND OR WIFE: Charles Clingingsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Irvin Walker — ADDRESS: Jackson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease & grade III Decomp.
DUE TO (c) inaction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Simility, Stasis ulcers of legs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1956 *to* June 6, 1958, *that I last saw the deceased alive on* May 28, 1958 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Trolinger, M.D.
23b. ADDRESS: J. H. TROLINGER, M. D. JACKSON, MISSOURI
23c. DATE SIGNED: 6/10/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 7, 1958
24c. NAME OF CEMETERY OR CREMATORY: New Bethel
24d. LOCATION (City, town, or county) (State): Cape Gir. Co. Mo

DATE REC'D BY LOCAL REG.: June 13-58
REGISTRAR'S SIGNATURE: Mrs. Homer E. Cooper
25. FUNERAL DIRECTOR'S SIGNATURE: S. C. Crocraft — ADDRESS: Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4327

P. O. Address [illegible], 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 this body is not embalmed, fact should be so stated above.