

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035409

STATE FILE NUMBER

16

5075

FILED OCT 29 1958

Registration District No.

Primary Registration District No.

Registrar's No.

S. 300
v. 1-57

060

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Golden City Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Novato
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Golden City, R.		Length of stay in lb 2 mo.	5040 STREET ADDRESS 1709 Center Rd.
3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last CLYMENS		4. DATE OF DEATH Month Oct. Day 23 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1886
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Public Utility	11. BIRTHPLACE (City and state or country) Aurellia, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Washington T. Clymens	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Etta Jane Clymens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 480-16-3738	17. INFORMANT Address Mrs. James Wolfe, Golden City, 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH Instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK		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 Sept 26, 1958 to Oct 22, 1958 and last saw him alive on October 22, 1958 Death occurred at 3:45 p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond G. Carlson		(Degree or title) Dr	22b. ADDRESS 403 Main St. Golden City, Mo.
22c. DATE SIGNED 10-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) Aurellia, Iowa		(State)	
24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Oct. 24, 1958
26. REGISTRAR'S SIGNATURE Hazel St. Pugh			

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 *H. P. Bugh*

Licensed Embalmer No. *3278*
P. O. Address *Golden City, 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.