

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025894

FILED VS JUL 29 1959

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 62-59 STATE FILE NUMBER

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY McDonald | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City (Rural) | | Length of stay in 1b 6 hrs | c. CITY OR TOWN Carterville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 222 Hatcher Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Roger Middle Dean Last Clemons | | | 4. DATE OF DEATH Month July Day 1 Year 1959 | | | |
| 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 11-21-51 | 9. AGE (last birthday) 7 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Joplin Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Leonard F. Clemons | | 13b. MOTHER'S MAIDEN NAME Bonnie June Hunt | | 14. NAME OF HUSBAND OR WIFE - - - - - | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Leonard F. Clemons, Carterville Mo. | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| DUE TO (b) Drowning (Investigated by R.M. Humphrey Jr. Coroner of McDonald Co. Mo.) | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Accidental Drowning In Elk River | |
| 20c. TIME OF INJURY Hour 7:00 a.m. _____ p.m. _____ Month, Day, Year 7-18-59 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Elk River | 20f. CITY, TOWN, OR LOCATION Southwest City (Rt.) McDonald Mo. |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---|-----------------------------------|---|--|
| 22a. SIGNATURE (Degree or title) R.M. Humphrey Jr. Coroner | | 22b. ADDRESS Noel Mo. | 22c. DATE SIGNED 7/21/59 (Style) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE July 22, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Mount Hope | 23d. LOCATION (City, town, or county) Webb City Missouri |
| 24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home-Webb City Mo. | | 25. DATE RECD. BY LOCAL REG. 7-22-59 | 26. REGISTRAR'S SIGNATURE Mary G. D. [Signature] |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(1-1-1917)

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed F. M. Humphrey

Licensed Embalmer No. 4708

P. O. Address Mad, 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.

J. F. L. 1917