

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003255

Registration District No. XC 11725036 SL 21906 Primary Registration District No. _____ Registrar's No. 2 803 STATE FILE NUMBER

FILED VS FEB 5 1960

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Length of stay in 1b <u>16 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4606 PAGE BLVD.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ROSCOE</u> Middle <u>J.</u> Last <u>CLEMONS</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>21</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-14-19</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COTTON PLANT, ARKANSAS</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>		
13a. FATHER'S NAME <u>LUTHER CLEMONS</u>		13b. MOTHER'S MAIDEN NAME <u>WILLIE ALLEY</u>		14. NAME OF HUSBAND OR WIFE <u>MARY CLEMONS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWII</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>MARY CLEMONS, 4606 PAGE BLVD.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>
IMMEDIATE CAUSE (a) <u>UREMIA</u>		UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>ACUTE NEPHRITIS</u>	
	DUE TO (c) <u>590x</u>	

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 checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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. Attended the deceased from 1-5-60 to 1-21-60 and last saw him live on 1-21-60
Death occurred at 1:09 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Jack T. Stearns</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>1-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1/25/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
24. FUNERAL DIRECTOR <u>L. B. Kance</u> ADDRESS <u>1221 N. Grand</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barricks, Missouri</u>
25. DATE RECD. BY LOCAL REG. <u>JAN 23 1960</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 *Mahira Blockwood*

Licensed Embalmer No. *3962*

P. O. Address *1721 Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.