

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019958

FILED VS JUN 14 1960

175 Primary Registration District No. 3036 Registrar's No. 61

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b hour		c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Aurora Hospital		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DAVID CARL CLINKENBEARD				4. DATE OF DEATH Month Day Year June 8, 1960				
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 6/8/60	9. AGE (last birthday) IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min. 5 -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child			10b. KIND OF BUSINESS OR INDUSTRY child		11. BIRTHPLACE (City and state or country) Aurora, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Boyd Clinkenbeard			13b. MOTHER'S MAIDEN NAME Carol Gline			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. - - - - -		17. INFORMANT Address Charles Gline; Aurora, 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) Pneumatury (Pneumonia Resp)							INTERVAL BETWEEN ONSET AND DEATH 5 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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		
19. WAS AUTOPSY PERFORMED? YES <input 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. I attended the deceased from 6/8/60 to 6/8/60 and last saw her ^{him} live on 6/8/60 Death occurred at app 5:30 12 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. Morrison MD				22b. ADDRESS Aurora, Mo			22c. DATE SIGNED 6/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		6/9/60	Maple Park		Aurora, Mo.			
24. FUNERAL DIRECTOR Arnold's Funeral Home;			ADDRESS Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 6/10/60		26. REGISTRAR'S SIGNATURE Oran Me Natt	

DOCUMENT

MEDICAL CERTIFICATION

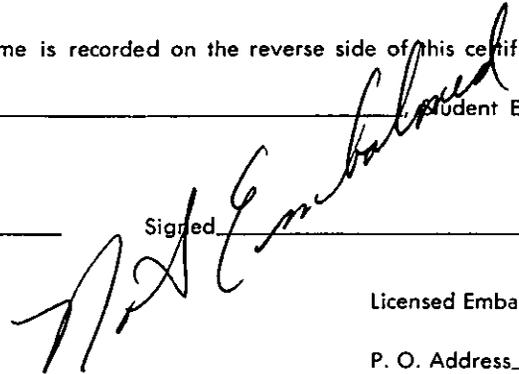
BY AFFIDAVIT OF

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 _____



Licensed Embalmer No. _____

P. O. Address _____

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.