

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045391

FILED VS DEC 19 1960 59

Registration District No. 259 Primary Registration District No. 49 Registrar's No. 208

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville		Length of stay in lb 31 Yrs		c. CITY OR TOWN Harrisonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 Forest			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 406 Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last CLUM				4. DATE OF DEATH Month Dec. Day 4 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-25-1880	9. AGE (last birthday) 79	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) Businessman		10b. KIND OF BUSINESS OR INDUSTRY Heating & Plumbing		11. BIRTHPLACE (City and state or country) Mattwan Michigan		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rueben G. Clum			13b. MOTHER'S MAIDEN NAME Julia A. Robinson		14. NAME OF HUSBAND OR WIFE Martha Clum		
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. unknown	17. INFORMANT Address Mrs Martha Clum Harrisonville, 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 Arterio Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 6 YRS.	
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 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.	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 5 P.M. 1954 to Dec. 4, 1960 and last saw ^{her} him alive on Dec 3, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) [Signature]			21b. ADDRESS Harrisonville Mo		21c. DATE SIGNED Dec 5, 1960		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE 12-7-1960	22c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		22d. LOCATION (City, town, or county) (State) Harrisonville, Missouri			
24. FUNERAL DIRECTOR Anderson & Sons Harrisonville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-7-60	26. REGISTRAR'S SIGNATURE Mrs Kay Sebra		

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 Robert W. Atkinson

Licensed Embalmer No. 4962

P. O. Address Haverhill

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.