URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 6 1961 137 Registration District No. 3023 Primary Registration District No. 324 Registrar's No. 324 STATE FILE NUMBER -60-045824

ENDED

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wetzel Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Benton
c. CITY OR TOWN: EDWARDS Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MABEL Middle CLARA Last CLYMAN
4. DATE OF DEATH: Month Dec Day 29 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 29 1880
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months 3 Days 0
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Ill
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John M. RITTER
13b. MOTHER'S MAIDEN NAME: Lucenda Trumbler
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charles Clyman Address: Kansas 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): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Myocardial Insufficiency — 24 hrs
DUE TO (c): Cerebral Vascular Hemorrhage — 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility & Arteriosclerosis
PART III. If deceased was female, was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT 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 12-25-60 to 12-29-60 and last saw her alive on 12-29-60
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton F. Briggs M.D.
22b. ADDRESS: 105 E. Ohio, Clinton Mo
22c. DATE SIGNED: 12/30/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 1, 1961
23c. NAME OF CEMETERY OR CREMATORY: Climax Springs
23d. LOCATION (City, town, or county) (State): Climax Springs Benton Co, Mo
24. FUNERAL DIRECTOR: John F Rosen ADDRESS: Warsaw
25. DATE REC'D. BY LOCAL REG.: Jan - 3 - 1961
26. REGISTRAR'S SIGNATURE: Mary Briggs (Deputy)

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F Rosen

Licensed Embalmer No. 409

P. O. Address Warsaw

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