MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-010116
STATE FILE NUMBER

AMENDED

FILED APR 7 1961

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 20.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Weston
Length of stay in 1b: all of life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wells Street
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Weston
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Wells Street
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JESS Middle: Last: CLEMENS
4. DATE OF DEATH: Month: March Day: 21, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: April 7, 1880, (80)
9. AGE (last birthday) 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: Untied States
13a. FATHER'S NAME: Woodford Clemens
13b. MOTHER'S MAIDEN NAME: Frances Laurel Linville
14. NAME OF HUSBAND OR WIFE: Mary Ellen Clemens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mary Clemens Address: Weston, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — 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): Arteriosclerotic heart disease
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 May 28, 1960 to 3/21/1961 and last saw her/him alive on March 20, 1961
Death occurred at 9:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) D.O.
22b. ADDRESS: Weston, Missouri
22c. DATE SIGNED: 3/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 23, 1961
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
23d. LOCATION (City, town, or county) (State): Platte County, Missouri

24. FUNERAL DIRECTOR: Vaughn Funeral Home ADDRESS: Weston, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 23, 1961
26. REGISTRAR'S SIGNATURE: Ophia Rollins.

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dale L. Martin
Dale L. Martin
Licensed Embalmer No. 5106

P. O. Address Weston, Missouri

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.