

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013423

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 350 STATE FILE NUMBER

**FILED APR 17 1961**

1. PLACE OF DEATH  
 a. COUNTY Greene  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Greene  
 c. CITY OR TOWN Willard Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) RFD#2 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
CLARENCE W. SARE April 8, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 25 June 1902 9. AGE (last birthday) 58 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ruben P. Sare 13b. MOTHER'S MAIDEN NAME Estella Dyson 14. NAME OF HUSBAND OR WIFE Audrey Sare

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 Audrey Sare (Wife) Rt. 2 Willard, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Infarction  
 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) Diabetes Mellitus PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH Hours

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 Month, Day, Year a.m. p.m.  
 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 Nov. 1960 to 4/8/61 and last saw him alive on 4/7/61  
 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo T. Neff M.D. 22b. ADDRESS 1211 S. Glenstone Springfield, Missouri 22c. DATE SIGNED 4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-11-61 23c. NAME OF CEMETERY OR CREMATORY White Chapel Crematory 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 4-12-61 26. REGISTRAR'S SIGNATURE Effie B. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

MAY 2<sup>n</sup> 1961

**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 May Phelan

Licensed Embalmer No. 407

P. O. Address SPRINGFIELD

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.