

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022092

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 210

AMENDED

FILED JUL 6 1961

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | Length of stay in lb <u>14</u> years | c. CITY OR TOWN <u>Sedalia</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1706 South Osage</u> | | d. STREET ADDRESS (If outside, give location) <u>1706 South Osage</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

3. NAME OF DECEASED (Type or print) First KINLEY Middle CLEMONS Last CLEMONS

4. DATE OF DEATH Month June Day 30 Year 1961

| | | | | | | |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/25/91</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|

| | | | |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Agriculture</u> | 11. BIRTHPLACE (City and state or country) <u>Camden County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|--|--|---|--|

13a. FATHER'S NAME Isem Clemons 13b. MOTHER'S MAIDEN NAME Mary Ann Bly 14. NAME OF HUSBAND OR WIFE Pearl Eidson Clemons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address Sedalia, Mo.
Mrs. Pearl Clemons, 1706 S. Osage, 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) Melanotic Carcinoma, generalized.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma left jaw.

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

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

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 29 June 1961 to 30 June 1961 and last saw him alive on 29 June 1961

Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald E. Probst M.D. 22b. ADDRESS Sedalia, Mo. 22c. DATE SIGNED 1 July 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/2/61 23c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery 23d. LOCATION (City, town, or county) (State) Malta Bend, Missouri

24. FUNERAL DIRECTOR ADDRESS Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. 7-1-1961 26. REGISTRAR'S SIGNATURE Frances Sheeby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, Mo.

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.