

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022926 ✓

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. FILED JUL 16 1962 Primary Registration District No. 1002 Registrar's No. 3324 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1  
2 8150  
X

3  
4 0  
5 3  
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7 0  
8 2  
9 490 X  
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12 57-3  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ruth H. Owens

1. PLACE OF DEATH - a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANS</b> b. COUNTY <b>LEAV.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>2-DA-</b>	c. CITY OR TOWN <b>WADSWORTH</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GENERAL-</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NONE</b>
3. NAME OF DECEASED (Type or print) First <b>ELMER</b> Middle <b>CLEMENS</b> Last		4. DATE OF DEATH Month <b>6</b> Day <b>23</b> Year <b>62</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-30-1914</b>
9. AGE (last birthday) <b>50</b>		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)		10b. KIND OF BUSINESS OR INDUSTRY <b>BAKERY</b>	11. BIRTHPLACE (City and state or country) <b>WESTON-MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>HARDY L. CLEMENS</b>		13b. MOTHER'S MAIDEN NAME <b>LAURA A. LINVILLE</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or department service) <b>YES WW.II</b>	
16. SOCIAL SECURITY NO. <b>UNK.</b>		17. INFORMANT <b>ORVAL CLEMENS-1630 MADISON W. K.P.M.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar PNEUMONIA</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year p.m.		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 _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ruth H. Owens</b> (Degree or title)		22b. ADDRESS <b>152 Union Station</b>	
22c. DATE SIGNED <b>6-25-62</b>		22d. CITY, TOWN, OR COUNTY (State) <b>WESTON MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6-25-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>GRACELAND</b>		23d. LOCATION (City, town, or county) <b>WESTON MO.</b>	
24. FUNERAL DIRECTOR <b>VAUGHN F.H. WESTON-MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6-25-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth H. Long</b>			

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

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 J. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address J. C. 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.