

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4702-62-034671
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4702

FILED SEP 28 1962

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb. **1 yr. 7 mo. 11 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jackson County Hospital** Inside Limits No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Independence** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1301 E. Lexington** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Clara Clements
4. DATE OF DEATH Month Day Year
September 11, 1962

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **8-12-1894** 9. AGE (last birthday) **78** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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) **Mercer, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Joseph Stinson** 13b. MOTHER'S MAIDEN NAME **Alice B. Fones** 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** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **Joseph STENSON, Kansas City** Address **5216 St. John**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Congestive Heart Failure** INTERVAL BETWEEN ONSET AND DEATH **1 wk**
DUE TO (b) **Arteriosclerotic Heart Disease**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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

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 **2-1-61** to **9-11-62** and last saw **her** alive on **9-11-62**
Death occurred at **2:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles E. Kendall MD** 22b. ADDRESS **Kansas City Mo.** 22c. DATE SIGNED **9-14-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Sept 14-1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt Washington** 23d. LOCATION (City, town, or county) (State) **Independence Mo**

24. FUNERAL DIRECTOR **Speaks Funeral Home - Independence Mo.** ADDRESS **9-14-62** 25. DATE RECD. BY LOCAL REG. **9-14-62** 26. REGISTRAR'S SIGNATURE **Ruth Song**

DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
BY AFFIDAVIT OF
Charles E. Kendall

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1962

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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 Alan D. Lindsey, Student Embalmer No. 649
working under my personal supervision.

Student Alan D. Lindsey
Signature of Student Embalmer

Signed R R Speake

Licensed Embalmer No. 3604

P. O. Address Inclips. Md.

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.