

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042203

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 13 1962

Primary Registration District No.

Registrar's No. 115

VS 300
Rev. 4/59

1 0380

2 0410

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4 0

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11 038

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison				
b. CITY (if outside corporate limits, give TOWNSHIP only) Cooper Twnsp.		Length of stay in lb minutes	c. CITY OR TOWN New Hampton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. N.E. Stanberry, Mo. on Route 109		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) S.W. Part		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Max Duane Clevenger			4. DATE OF DEATH Dec. 8, 1962				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/25/25	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing & Heating		10b. KIND OF BUSINESS OR INDUSTRY Plumber	11. BIRTHPLACE (City and state or country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Willie H. Clevenger		13b. MOTHER'S MAIDEN NAME Kathryn B. Stevens		14. NAME OF HUSBAND OR WIFE Willa Viegh Clevenger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of serv) Yes World War II			16. SOCIAL SECURITY NO. 3	17. INFORMANT Willa Viegh Clevenger Address New Hampton Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH 5 min		
IMMEDIATE CAUSE (a) Musline crushing injury to chest & lungs from car wreck							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)		
					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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 11:25 a.m.	Hour Month, Day, Year 12 8-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Highway 109	
		20f. CITY, TOWN, OR LOCATION 3 miles N.E. Stanberry, Gentry, MO		COUNTY STATE			
21. I attended the deceased from received body after death and last saw him alive on 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joseph C. ...</i> (Doctor or title)			22b. ADDRESS King City Mo		22c. DATE SIGNED 12-9-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/11/62	23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery		23d. LOCATION (City, town, or county) Harrison County, Mo.		(State)	
24. FUNERAL DIRECTOR C.R. Noble Address New Hampton, Mo.			25. DATE RECD. BY LOCAL REG. 12-10-62		26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>		

USE BLACK INK OR TYPEWRITER RIBBON

received
12-10-62

DEC 18 1962

DEC 19 1962

DEC 27 1962

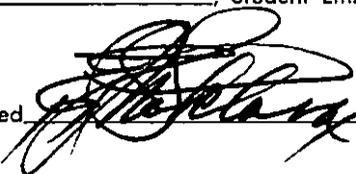
DEC 27 1962

JAN 29 1963

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  _____

Licensed Embalmer No. 3602
P. O. Address Parisville, 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.