DEPARTMENT OF PUBLIC. HEALT AND WELL FAIR \$ 7 Primary Reginarios District No. \$ 30.3 Baginar's No. \$ 11558 Primary Reginarios District No. \$ 100 Primary Regin	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH												
NAMED DE LASTE MARK 1. COUNTY BENTY 1.		ARTM	ENT C	OF P	UBI	Registration District No	_						
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ADDRESS **SOUTH CONTROL OF CONTR					ŀ		—						
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3 3 4 0 3 4 0 0 0 0 0 0 0 0 0	10472	¥			1	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farr	-						
3 3 4 0 3 4 0 0 0 0 0 0 0 0 0	20420	AT			1.	institution Clinton General Hosp. Yes 15 No [] Yes 15 No []	٥						
A O S O O O O O O O O O O O O O O O O O) <u>구</u>	† †	H	1		_						
Minite Windowed Decreed 12-21-1884 80 Months Day Rours Minite Decreed 12-21-1884 80 Months Day Rours Minite			1			James William Clinton DEATH April 4 1965							
10. USIAL OCCUPATION four land at work date 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during PSY INTERIOR TO POST INTERIOR MANUEL 12b. ANAME FOREST 12b. ANAME IN AMAGE FOREST 12b. ANAME FOREST 12b. ANA	4 0						HR.						
during Text Intrafrigation 19. Activity 13. Activity 13. Activity 13. Activity 14. Activity 14. Activity 15. Act	5 2												
13. FATHER'S NAME 13. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSSAND OR WHFE 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTORMANT (**e*, Note or or dates of service) 18. CAUSE OF DEATH (Enter only one cause of tear service) 19. PART II. DEATH WAS CAUSED 59*: 10. ONE AND CONTRIBUTION CONTRIBUTION TO DEATH but not related to the terminal here a pregnancy in last 90 days, which gave first to eabove cause (a). 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal here a pregnancy in last 90 days, which gave first to eabove cause (b). 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) 20 ON WHILE AT WORK INJURY OCCURRED, while AT WORK INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) 21. I strended the decased from 19.55 p.m. 22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNATURE 22c. DATE SIGNATURE SINGAL CREMATION 22b. DATE SIGNAL PLANE OF CREMATORY 22a. BURNAL CREMATION 22b. DATE SIGNAL PLANE OF CREMETERY OR CREMATORY 22a. SIGNATURE 22b. ADDRESS 22c. LOCATION (CIV., Hown, or county) (State) 22c. DATE SIGNAL PLANE OF ADDRESS 22c. DATE SIGNAL PL	6	Σ			1	distinct of matrice life and if rationally	,						
James William Clinton Christina Maxwell Edith Clinton Sale S	7	<u></u> }				1411010 100110	—						
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18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). 10	8 2	Ş.				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes Monor unknown) Lift yes, give war or dates of service) 499-40-4072 Carless Clinton II rich No.							
MANDEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying could lead. DUE TO (b) Stating the underlying could lead. DUE TO (c)	933/x	<u></u>			1.								
NO STATE 12 -0 State	10	۲			2	PART I. DEATH WAS CAUSED BY:	Ĥ						
DUE TO (b) NO NOT WHILE AT WORK	11	히중			جُ ج	IMMEDIATE CAUSE (a) Cerebral hemorrhage 3 da	•						
Which gave rise to shove cause (a), staining the underlying costs and disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days. PART III. If deceased was female		쀭		l ic)	Conditions, if any, 1 DUE TO (b)							
No	127-0	જી જિ		$ \ $		which gave rise to above cause (a),	_						
AND WHILE AT WORK Death occurred at Death occurr	/ 0	_ _	\vdash	H			_						
NOW AND THE STATE		- 1				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 there a pregnancy in last 90 d							
NOW AND THE STATE		일				Yes No Unkni	own						
Death occurred at		ZDWE					_						
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, with the part of farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK 21. I attended the deceased from 1955 pm on the date stated above, and lest saw her plive on 4-4-65 Death occurred at 226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. ADDRESS 227. DATE SIGNED 228. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR Show's Puneral Homes Turich, Mo. 4-5-65 Show's Puneral Homes Turich, Mo. 4-5-65 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Show's Puneral Homes Turich, Mo. 4-5-65 26. REGISTRAR'S SIGNATURE 27. DATE SIGNATURE 28. DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 29. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE	RIBBO	AME!		1		. 20c. TIME OF Hour Month, Day, Year INJURY a.m.							
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23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) BUT 18:1 24. FUNERAL DIRECTOR Snow's Funeral Homes TUrich, Mo. 4-5-65 Construction (City, town, or county) 23d. LOCATION (City, town, or county)	<u>8</u> 8				1	$\mathbf{A}^{\bullet}\mathbf{A}\mathbf{E}^{\bullet}\mathbf{A}$							
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) BUT 18:1 24. FUNERAL DIRECTOR Snow's Funeral Homes TUrich, Mo. 4-5-65 Construction (City, town, or county) 23d. LOCATION (City, town, or county)	USE	l <u>s</u>			5	226. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGN	NED						
Snow's Funeral Homes Turich, Ma. 4-5-65 Milded Beginn	_	동				3 7 200 7 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u>.5</u>						
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(Licensed Embalmer's Statement on Reverse Side)	ı	'		. 1	• .	(Licensed Embalmer's Statement on Reverse Side)	<u>Γ</u>						

STATEMENT BY LICENSED EMBALMER

or by _	hereby co	erfify that th	e body wh	ose na	ime is	is recorded on the reverse side of this certificate was embalmed by me,					
working	under my	personal sup	pervision.					200	0.00		
Student_	 	Signature of St	udont Embalm				Signed_/	Mer	lenda	ow	
	·	3191101010101	odeni Embalmi	31				(Licensed Embalmer	No. 4034	
•			:	•	,	2		•	P. O. Address	rich, mi	2,

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.