

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18771**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5148** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cowgill rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cowgill rural</b>	
c. LENGTH OF STAY (In this place) <b>4 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Jesse</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Clevenger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 20 1949</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 25, 1866</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS* OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Daniel Clevenger</b>	13b. MOTHER'S MAIDEN NAME <b>Sultana Turnage</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Sisk Clevenger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elizabeth Clevenger, Braymer</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4 1/2 2 2</b>
	ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza Jan 4-1949</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>
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22. I hereby certify that I attended the deceased from **Oct-16-1948** to **May-30-1949**, that I last saw the deceased alive on **May-19-1949** and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gertrude B. Turkey M.D.</b>	23b. ADDRESS <b>Braymer, Mo.</b>	23c. DATE SIGNED <b>5-21-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-23-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Cowgill, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-21-49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Nell B. Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bernard F. Mead</b>	ADDRESS <b>braymer, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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6-4-49

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 .....  
Student Embalmer

Signed

*Bernard J. Mead*

Licensed Embalmer No. 2801

P. O. Address Brayner, 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 this body is not embalmed, fact should be so stated above.