

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11876

0422

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5515 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawnee Township		c. LENGTH OF STAY (In this place) 50 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION at her home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shawnee Township 0420	
3. NAME OF DECEASED (Type or Print) Levina Jane Clark		d. STREET ADDRESS (If rural, give location) Chilhowee, Rfd. 1	
a. (First)		b. (Middle)	
4. DATE OF DEATH April 4, 1954		c. (Last)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 31, 1871
9. AGE (In years last birthday) 83		10. MONTH (Day) (Year) 2 3	11. BIRTHPLACE (City and State or Foreign Country) Henry Co., Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Thomas Allen Bradley		13b. MOTHER'S MAIDEN NAME Angeline Venable	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'S SIGNATURE OR NAME Mrs. Irene Pamphrey, 213 W. Jefferson Clinton, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION		YEARS	
DUE TO (c) ARTERIOSCLEROSIS		YEARS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from APRIL 4, 1954, to APRIL 4, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert E. Harbaugh, D.O.		23b. ADDRESS 105 E. Ohio, Clinton, Mo.	23c. DATE SIGNED April 5
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Shawnee Mound Cem.	24d. LOCATION (City, town, or county) (State) Shawnee Mound, Mo.
DATE REC'D BY LOCAL REG. April 8-54	REGISTRAR'S SIGNATURE Florence Adair 422	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Vansant Clinton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

APR 19 1965

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 *H. J. Tausant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.