

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

State File No. 7963

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Calhoun</u>		c. CITY OR TOWN <u>Calhoun</u>	
c. LENGTH OF STAY (In this place) <u>12 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) ELIZABETH c. (Last) CLINTON 4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Mar. 13, 1898 9. AGE (In years) (Last birthday) 56 10. MONTHS 3 11. DAYS 3 12. HOURS 1 13. MIN. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Henry County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John T. Sidwell 13b. MOTHER'S MAIDEN NAME Mary Wyatt 14. NAME OF HUSBAND OR WIFE Isaac L. Clinton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Isaac L. Clinton, Calhoun, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency (b) Coronary thrombosis (c) Septic Bundle Block

INTERVAL BETWEEN ONSET AND DEATH about 1 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from ~~1954~~ 1954, to 3-16, 1955, that I last saw the deceased alive on 3-5, 1955, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. W. Windsor MD 23b. ADDRESS Windsor MO 23c. DATE SIGNED 3-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-19-55 24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery 24d. LOCATION (City, town, or county) (State) Calhoun, Missouri

DATE REC'D BY LOCAL REG. Mar-28-55 REGISTRAR'S SIGNATURE Florence Adair 422. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Mo

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William M. Turner*.....

Licensed Embalmer No. *46*.....

P. O. Address *Windsor*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.