MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 137   Primary Registration District No. 3023   Registrar's No. 225   67 0035093   STATE FILE NUMBER

DO NOT WRITE ON THIS STUB   **AMENDED**

VS 300 Rev. 4/59

ITEM NO.	
1	0425
2	0425
3	2
4	0
5	1
6	
7	0
8	2
9	976X
10	
11	
12	0-3
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON — SHOULD READ — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

FILED SEP 18 1967

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN: Clinton   Length of stay in 1b: 9 years
c. FULL NAME OF HOSPITAL OR INSTITUTION: 515 E. Clinton, Street   Inside Limits: Yes X No ☐

2. USUAL RESIDENCE
a. STATE: Mo.   b. COUNTY: Henry
c. CITY OR TOWN: Clinton   Inside Limits: Yes X No ☐
d. STREET ADDRESS: 515 E. Clinton St.   Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HAROLD   Middle LINK   Last CLEMENTS

4. DATE OF DEATH: September 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. Married X   Never Married ☐   Widowed ☐   Divorced ☐
8. DATE OF BIRTH: 8/9/20
9. AGE (last birthday): 47   IF UNDER 1 YEAR: Months / Days   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION: Employee Power Co.
10b. KIND OF BUSINESS OR INDUSTRY: Electricity
11. BIRTHPLACE: Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Nelson Ray Clements
13b. MOTHER'S MAIDEN NAME: Frances O. Powell
14. NAME OF HUSBAND OR WIFE: Bonnie Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No
16. SOCIAL SECURITY NO.: 487-12-3930
17. INFORMANT: Bonnie Clements Clinton, Missouri

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gun shot wound of Skull   INTERVAL BETWEEN ONSET AND DEATH: Immed.
DUE TO (b): & Extrusion of Brain Substance
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐   SUICIDE X   HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED: Self inflicted gun shot wound
20c. TIME OF INJURY: 5 a.m.   Month, Day, Year: 9-10-67
20d. INJURY OCCURRED WHILE AT WORK ☐   NOT WHILE AT WORK X
20e. PLACE OF INJURY: At home
20f. CITY, TOWN, OR LOCATION: Clinton   COUNTY: Henry   STATE: Mo

21. I attended the deceased from unattended to ____ and last saw her/him alive on ____ m on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at ____ T A M

22a. SIGNATURE: Richard H. King M.D. (Degree or title) Henry county Coroner
22b. ADDRESS: 106 S. 3rd Clinton Mo
22c. DATE SIGNED: 9-11-67

23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: Sept 12, 67
23c. NAME OF CEMETERY OR CREMATORY: Englewood
23d. LOCATION: Clinton, Mo.

24. FUNERAL DIRECTOR: Consalus   Clinton, Mo.
25. DATE REC'D BY LOCAL REG.: 9-11-67
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 9-11-67 WES

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_____   Signed *Eugene R. Gonsalus*
        Signature of Student Embalmer

                                              Licensed Embalmer No. *4680*

                                              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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
        If this body is not embalmed, fact should be so stated above.