FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 2 6 1948

Registration District No. 20

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5082

State File No. 22121

Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Bates GRAND RIVER TWP
(b) City or town Adrian Rt. #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rt#3 Adrian,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural GRAND RIVER TWP
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #3 Adrian
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman Leslie Clinkenbeard
3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased May (Month) 6 (Day) 1877 (Year)

8. AGE: Years 71 Months 2 Days 6 If less than one day --- hr. --- min.

9. Birthplace ------ (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business -----
FATHER
12. Name William Clinkenbeard
13. Birthplace ---- (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Nancy J. Brashur
15. Birthplace ----- (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ola Z. Gloyd
(b) Address Rt. #3 Adrian, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cemetery
18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Mo.
19. (a) 7-13-48 (Date received local registrar) (b) Myra Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 5 minute - A.M.

21. I hereby certify that I attended the deceased from 10-15, 1946 to 7-9, 1948;
that I last saw him alive on 7-9, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Embolism or thrombosis (Was found dead in bed)	?
Due to Chronic endocarditis	10 yrs
Due to Progressive Spinal Muscular dystrophy	20 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. L. Colson DO (M. D. or other)
Address Adrian Mo Date signed 7-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 854
Date Filed 7-24-48

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 Robert D. Steinbeck, Registered Apprentice No. 200, working under my personal supervision.

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.