

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8874

49
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BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 715 North Tom Street		d. STREET ADDRESS (If rural, give location) 715 North Tom Street	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) DAISY c. (Last) CLEVENGER	
4. DATE OF DEATH April 7, 1949		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 19, 1872		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Sheriden County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Simpson Cupp.		13b. MOTHER'S MAIDEN NAME Kate McDonald	
14. NAME OF HUSBAND OR WIFE George W. Clevenger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME George W. Clevenger	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cardiac Failure Bacteridemia Broken hip		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES DUE TO (b) Bacteridemia DUE TO (c) Broken hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. G 10 30 4 7 30	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 2 hrs 6 wks 2 mo	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webb City Jasper Mo		21d. TIME OF INJURY Jan 1949 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell	
22. I hereby certify that I attended the deceased from Mar 22, 1949 , to April 6, 1949 , that I last saw the deceased alive on April 6, 1949 , and that death occurred at 1:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Orval J. Needels M.D.		23b. ADDRESS Webb City Mo	
23c. DATE SIGNED April 7 49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Apr 7, 1949		24c. NAME OF CEMETERY OR CREMATORY G. A. R. Cemetery	
24d. LOCATION (City, town, or county) (State) Miami, Oklahoma		25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis	
DATE REC'D BY LOCAL REG. APR 7 1949		ADDRESS Hedge-Lewis Funeral Home Webb City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

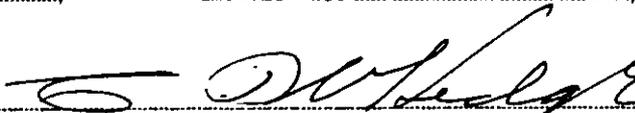
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 2,4579

P. O. Address Webb City, 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.