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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9622

FILED APR 14 1949

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6221 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - GRAPE GROVE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - GRAPE GROVE	
c. LENGTH OF STAY (In this place) 63 yrs.		d. STREET ADDRESS (If rural, give location) 10 miles northwest of Hardin	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME 1			

3. NAME OF DECEASED (Type or Print) GIDEON CLEMENS			4. DATE OF DEATH (Month) April (Day) 1 (Year) 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 7, 1886		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Days 24 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Ray County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME GEORGE W. CLEMENS		13b. MOTHER'S MAIDEN NAME ELIZABETH ARCHER		14. NAME OF HUSBAND OR WIFE IDA CATHERINE CLEMENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Ida Catherine Clemens Hardin ADDRESS 	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									
		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-1-**, 1949; to **4-1-**, 1949; that I last saw the deceased alive on **3-25-**, 1949, and that death occurred at **6 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. C. Calhoun M.D.		23b. ADDRESS Northville, Mo.		23c. DATE SIGNED 4-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Wakanda Cemetery	
24d. LOCATION (City, town, or county) (State) Ray County, Mo.		DATE REC'D BY LOCAL REG. April 5, 1949 REGISTRAR'S SIGNATURE Malcolm Jackson 273 25. FUNERAL DIRECTOR'S SIGNATURE Knipchild & Bucherding ADDRESS Hardin, Mo.			

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-49

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

AUGUST BORCHERDING

Student Embalmer No. 237

working under my personal supervision.

Signed

August Borcharding
Student Embalmer

Signed

John W. Knipochill

Licensed Embalmer No.

2789

P. O. Address

Harding 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.