

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 22682A

BIRTH ~~NO.~~ ED WAR 24 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 618 SOUTH "B"	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ISAAC		b. (Middle)		c. (Last) CLEMONS		4. DATE OF DEATH (Month) (Day) (Year) JULY 18, 1949	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-29-1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 18	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and State or Foreign Country) WILLIAMSVILLE MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WM RILEY CLEMONS	13b. MOTHER'S MAIDEN NAME SUSAN MELTON	14. NAME OF HUSBAND OR WIFE WIDOWED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME EDNA ROLAND, ST. LOUIS, MO	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Idiopathic Neurologic		
	DUE TO (c) Purpura		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 6 July, 1949, to 16 July, 1949, that I last saw the deceased alive on 16 July, 1949 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. S. Crookston MD	23b. ADDRESS 321 Club Poplar Bluff Mo 201054	23c. DATE SIGNED 7-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-20-49	24c. NAME OF CEMETERY OR CREMATORY BLACK CREEK CEMETERY	24d. LOCATION (City, town, or county) (State) BUTLER CO, MISSOURI
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DATE REC'D BY LOCAL REG. 3/22/54	REGISTRAR'S SIGNATURE A. W. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE Phelps Funeral Home Poplar Bluff	ADDRESS 2250
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WRITE PLAINLY—USING BLACK INK—MAKE A FINGERPRINT

MAR 24 1954

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
Student Embalmer

Signed _____

N. T. PHELPS

Licensed Embalmer No. *3231*

P. O. Address *Popeau Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.