

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

27715

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>197</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>809 So Williams.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 So Williams</u>				d. STREET ADDRESS (If rural, give location) <u>809 So Williams.</u>					
3. NAME OF DECEASED (Type or Print) <u>Opal Clements</u>			a. (First) <u>Opal</u>		b. (Middle) <u>Clements</u>		c. (Last) <u>Clements</u>		
4. DATE OF DEATH <u>Sept 5 - 1949</u>		(Month) <u>Sept</u>		(Day) <u>5</u>		(Year) <u>1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Mch 31st 1897</u>			
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>MO</u>									
13a. FATHER'S NAME <u>Thomas Alexander</u>			13b. MOTHER'S MAIDEN NAME <u>Onie Cherry</u>			14. NAME OF HUSBAND OR WIFE <u>Milton Clements Jr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Milton Clements Jr</u> ADDRESS <u>31630</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood pressure</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>444X</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at his home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Chas. E. Barnes</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Moberly MO</u>			23c. DATE SIGNED <u>Sept-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 8th 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly MO</u>			
DATE REC'D BY LOCAL REG. <u>Sept 7-49</u>		REGISTRAR'S SIGNATURE <u>Leah Belleau</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. Mahan and Son</u>		ADDRESS <u></u>			

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

RECEIVED SEP 12 1949
District Health Officer No. 10
District File Number 9-49-158
Date Filed SEP 12 1949

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank D. DeWitt

Signed _____

Student Embalmer

Licensed Embalmer No. 3021

P. O. Address *Moberly 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.