

No. 300
10. 48

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29773

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

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5387</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>68 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None Near Buick, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Near Buick, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Clements</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 18, 1880</u>	
				9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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>Dent County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Helems</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Knight</u>			14. NAME OF HUSBAND OR WIFE <u>Jake Clements</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jake Clements, Buick, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplectic Stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ess. Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 3/4 X</u>
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) (Min.)		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 <u>Jan. 1948</u> , to <u>Aug 21, 1949</u> , that I last saw the deceased alive on <u>Aug 21, 1949</u> , and that death occurred at <u>12:15 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph P. Bennett D.O.</u>				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>8-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boss, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 9-49</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		FUNERARY DIRECTOR'S SIGNATURE <u>M. D. Q. F. M.</u>		ADDRESS <u>Salem, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

9/13/49

District Health Officer No. 8,

District File Number 949619

Date Filed 9/15/49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, N.J.

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.