

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30156

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3929

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>54 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>2104 LINWOOD BLVD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2104 LINWOOD BLVD</b>			

3. NAME OF DECEASED a. (First) <b>CHARLES</b> b. (Middle) <b>DEAN</b> c. (Last) <b>CLINGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. - 11 - 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JUNE - 11 - 1868</b>		9. AGE (In years last birthday) <b>81 YRS.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LAWYER</b>	
11. BIRTHPLACE (State or foreign country) <b>LEWISBURG, PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>WM. S. CLINGAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY DEAN</b>		14. NAME OF HUSBAND OR WIFE <b>ETHEL YEAGER CLINGAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ETHEL YEAGER CLINGAN</b> ADDRESS <b>2104 LINWOOD BLVD KANSAS CITY, MO.</b>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>From congestive failure</b>					
		DUE TO (b) <b>Systemic sclerosis</b>					
		DUE TO (c) <b>Myocardial infarction</b>					
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **April**, 19**49**, to **Sept. 11**, 19**49**, that I last saw the deceased alive on **Sept. 12**, 19**49** and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. R. Black</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>924 Professional Bldg.</b>		23c. DATE SIGNED <b>9-12-49</b>	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 14 - 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL PANTHEON</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>9-13-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P.W. Newcomer</b> ADDRESS <b>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</b>			

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Robert Ray*

Licensed Embalmer No. \_\_\_\_\_

*4182*

P. O. Address \_\_\_\_\_

*KANSAS 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.