

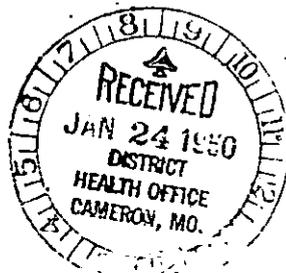
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1676**

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FIND JAN 30 1950

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>255</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> (1572)				
b. CITY OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>72 yrs</u>		c. CITY OR TOWN <u>Brookfield</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>122 West Clark St.</u>				
3. NAME OF DECEASED (Type or Print) <u>CHARLES W. CLEMENTS</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Jan. 17, 1950</u>				(Month) (Day) (Year)				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Aug.-29, 1868</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Christian Church</u>		11. BIRTHPLACE (State or foreign country) <u>Wilmington, Delaware./</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Richard W. Clements</u>			13b. MOTHER'S MAIDEN NAME <u>Martha E. Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa M. Hughes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Keith Clements, Brookfield, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</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) _____		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>1-15</u> , 19 <u>50</u> , to <u>1-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-17</u> , 19 <u>50</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Kepl. W. Robinson M.D.</u>				23b. ADDRESS <u>211 Lewis Brookfield Mo</u>		23c. DATE SIGNED <u>1-19-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-21-50</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>167</u>		ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>		

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.