

4414

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1950

State File No.

S. No. 300
V. 10-48

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

0352

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>1-day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701-Kennett St</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett - Rural 0350</u>	
		d. STREET ADDRESS (If rural, give location) <u>R-2 - 8 mi N.E.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JIMMIE</u>		b. (Middle) <u>CLIFFORD</u>	
		c. (Last) <u>CLEGG</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-8-1950</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug-7-1946</u>
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jas. C. Clegg</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Morgan</u>	
14. NAME OF HUSBAND OR WIFE			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James C. Clegg</u>		ADDRESS <u>R-2, Kennett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diphtheria & Whooping Cough</u> INTERVAL BETWEEN ONSET AND DEATH. <u>2 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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	
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 <input type="checkbox"/> 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>1-27</u> , 19 <u>50</u> , to <u>Feb 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. ...</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo</u>	
		23c. DATE SIGNED. <u>2-10-50</u>	
24a. BURIAL, CREMA-TION, REMOVAL (Specify)		24b. DATE <u>Feb-10-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 11-1950</u>		REGISTRAR'S SIGNATURE <u>Paul H. ...</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. ...</u>		ADDRESS <u>Kennett, Mo</u>	

REC. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 2-13-53

County File No. 250-53

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 W. J. Palmer

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.