

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5797

0883

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Kandolph</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Kandolph</u>	
b. CITY OR TOWN <u>Moherby</u>		c. CITY OR TOWN <u>Moherby</u>	
c. LENGTH OF STAY (in this place) <u>6 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>5329 W. Logan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			
3. NAME OF DECEASED a. (First) <u>CLEMENT</u> b. (Middle) _____ c. (Last) <u>RAYMOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-4-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 18-1888</u>
9. AGE (in years) (last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Quebec Canada</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Filling Station</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Raymond</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Raymond</u> ADDRESS <u>Moherby Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis (Mitral Valve)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several Months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.		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.		<u>410X</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) m.		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>Dec 24, 1949</u> , to <u>Jan Feb 4, 1950</u> , that I last saw the deceased alive on <u>Feb 4, 1950</u> , and that death occurred at <u>3:42 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. W. Johnston, D.O.</u> (Degree or title)		23b. ADDRESS <u>Moherby Mo.</u>	
23c. DATE SIGNED <u>2/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-6-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kandolph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moherby Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-6-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Bell</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Shaw Funeral Home</u>		ADDRESS <u>Moherby Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1950

RECEIVED

FEB - 0 1950

District Health Officer No.

District File Number 207-31

Date Filed FEB 20 1950

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 R. M. Carter

Licensed Embalmer No. 4117

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.