

FILED DEC 27 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40161
Registrar's No. 89

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>89</u>			
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAMERON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAMERON 0251</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <u>CORDELIA</u>			a. (First)			b. (Middle)			
c. (Last) <u>CLEMENTS</u>			4. DATE OF DEATH			(Month) (Day) (Year) <u>Dec. 13, 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>MAR 24, 1891</u>			
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lennings, Mo.</u>			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>IRVING AUBERRY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>G. Wesley 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>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>E. CARL ELLIS</u>		ADDRESS <u>CAMERON, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cancer of Breast</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yr</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				DUPLICATE OF (b)				DUPLICATE OF (c)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				170X	
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.)			
21d. TIME OF INJURY		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>Sept 15, 1950</u> to <u>Dec 13, 1950</u> , that I last saw the deceased alive on <u>Dec 13, 1950</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. O. Gilliland</u>				23b. ADDRESS <u>Camerton Mo</u>		23c. DATE SIGNED <u>12-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BROOKFIELD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD MO</u>			
DATE REC'D BY LOCAL REG. <u>12-15-50</u>		REGISTRAR'S SIGNATURE <u>Winfred W. Mosler</u>		390		25. FUNERAL DIRECTOR'S SIGNATURE <u>De Moss CRUNK</u>			
REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>CAMERON, MO</u>					

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

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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

Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Md.

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.