

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

680

State File No.

BIRTH NO. 79558-5A REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 Month</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>--</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u> <u>0310</u>	
		d. STREET ADDRESS (If rural, give location) <u>--</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>Clevenger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-8-1950</u>	9. AGE (In years last birthday) <u>--</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u> Hours <u>--</u> Mts. <u>--</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Never Married</u>		11. BIRTHPLACE (State or foreign country) <u>Pattonsburg, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Robert Clevenger</u>	13b. MOTHER'S MAIDEN NAME <u>Beulah Frances Dow</u>	14. NAME OF HUSBAND OR WIFE <u>Beulah Frances Dow</u>
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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>Beulah Frances Dow, Pattonburg, Mo.</u>	ADDRESS <u>Pattonburg, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & respiratory failure due to malnutrition.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>7720</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Inadequate diet of mother during pre natal period.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>220</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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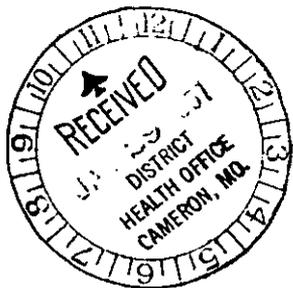
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 11, 1951, to Jan 11, 1951; that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Baumgardner</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Box 88 Pattonburg, Mo.</u>	23c. DATE SIGNED <u>1/13/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/14/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lock Springs, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>28 Jan. 1951</u>	REGISTRAR'S SIGNATURE <u>Regina M. Engelhardt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Sweet</u>	ADDRESS <u>Pattonburg, Mo.</u>
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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 _____

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Louis J. [Signature]

Licensed Embalmer No. 4096

P. O. Address Pittsburg, 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.