

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3592

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6295 Registrar's No. 149

0822

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> 0:396	
c. LENGTH OF STAY (in this place) <u>8-0-0</u>		d. STREET ADDRESS (If rural, give location) <u>4366 Walnut 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>P.</u> c. (Last) <u>Cloments</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-9-1870</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Business</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Springfield</u>
12. CITIZEN OF WHAT COUNTRY? <u>Green</u>			
13a. FATHER'S NAME <u>Christopher C Cloments</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Parish</u>	14. NAME OF HUSBAND OR WIFE <u>U.S.A.</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 AND ADDRESS <u>R. C. Cunningham Springfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs approx</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. <u>4200</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>1-13-51 4:45 AM</u>		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>6-1-1946</u> , to <u>1-14-1951</u> , that I last saw the deceased alive on <u>1-13-1951</u> , and that death occurred at <u>4:45 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Bunch M.D.</u>		23b. ADDRESS <u>State Hospital #3</u>	
23c. DATE SIGNED <u>1-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>1-14-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hazlewood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG <u>Jan. 14-51</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Tolmeyer</u>		ADDRESS <u>Springfield Mo</u>	

DIVISION OF HEALTH DEPT. OF NO.

District No. Springfield

RECEIVED, JAN 18 1951

Dist. File 15-1-15-6

Date Filed 1-18-51

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. H. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield

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.