

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7148**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **46**

I. PLACE OF DEATH
a. COUNTY **Saline**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall, Mo.**
c. LENGTH OF STAY (In this place) township) **110 Days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Fitzgibbons Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Saline**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall**
d. STREET ADDRESS (If rural, give location) **564 West Marion St.**

3. NAME OF DECEASED
a. (First) **Roy** b. (Middle) **Preston** c. (Last) **Clemens**
4. DATE OF DEATH (Month) (Day) (Year) **Feb. 22 1951**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Widowed** **8. DATE OF BIRTH** **August 14-1885**
9. AGE (In years last birthday) **65** IF UNDER 1 YEAR: Months **6** Days **8** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Worked for Railroad Section Hand** **10b. KIND OF BUSINESS OR INDUSTRY**
11. BIRTHPLACE (State or foreign country) **Norton, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Wiley W. Clemens** **13b. MOTHER'S MAIDEN NAME** **Vina Bangle** **14. NAME OF HUSBAND OR WIFE** **~~Ruth Dilley Slater~~**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give war or dates of service) **-** **16. SOCIAL SECURITY NO.** **709-12-1302** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Ruth Dilley-Slater, Missouri** **ADDRESS**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hemorrhage from Colon** **INTERVAL BETWEEN ONSET AND DEATH** **3 days**
ANTECEDENT CAUSES **Perforated Gastric Ulcer** **10 days**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Ulcer**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **54-1**

19a. DATE OF OPERATION **Feb. 12, 1951** **19b. MAJOR FINDINGS OF OPERATION** **Perforated Gastric Ulcer** **20. AUTOPSY?** YES NO

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 WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **Feb. 12, 1951**, to **Feb. 22, 1951**, that I last saw the deceased alive on **Feb. 21, 1951**, and that death occurred at **4:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. H. Wif. M. D.** (Degree or title) **23b. ADDRESS** **Marshall, Mo.** **23c. DATE SIGNED** **2-23-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **2/24/51** **24c. NAME OF CEMETERY OR CREMATORY** **Ridge Park Cem.** **24d. LOCATION** (City, town, or county) (State) **Marshall, Missouri**

DATE REC'D BY LOCAL REG. **Feb. 24-1951** **REGISTRAR'S SIGNATURE** **Bridney T. Gray** **385** **25. FUNERAL DIRECTOR'S SIGNATURE** **Healie Susman-Marshall, Mo.** **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

0972
0

RECEIVED 2 26 51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2 26 51

MAR 6 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *J. Leslie Sweeney*

Signed _____
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address *Marshall, N.C.*

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.