

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20926

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3057 Registrar's No. 51

1. PLACE OF DEATH

a. COUNTY **Perry**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Perryville Mo.**

c. LENGTH OF STAY (In this place) **15 yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Perry**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Perryville Mo.**

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First) **August** b. (Middle) c. (Last) **Clements**

4. DATE OF DEATH (Month) (Day) (Year) **June 27 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 28 1889** 9. AGE (In years, less birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Farmer** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Bollinger Co. Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Clements** 13b. MOTHER'S MAIDEN NAME **Minnie Lix** 14. NAME OF HUSBAND OR WIFE **Albertine (Behrie) Clements**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Albertine Clements** ADDRESS **Perryville Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Melanosarcoma Of liver**

ANTECEDENT CAUSES **metastatic after removal of sarcoma** DUE TO (b) **of eye**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS **192x**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **needle operation at Barnes Hospital to determine diagnosis** 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 **June 1951**, to **June 27, 1951**, that I last saw the deceased alive on **6-27-51**, 19**51**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. H. Bailey M.D.** (Degree or title) 23b. ADDRESS **Perryville Mo.** 23c. DATE SIGNED **6-29-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 30 1951** 24c. NAME OF CEMETERY OR CREMATORY **Mount Hope Cemetery** 24d. LOCATION (City, town, or county) (State) **Perryville Mo.**

DATE REC'D BY LOCAL REG. **June 29-1951** REGISTRAR'S SIGNATURE **Joe J. Zoellner** 25. FUNERAL DIRECTOR'S SIGNATURE **Young & Sons** ADDRESS **Perryville**

(Licensed Embalmer's Statement on Reverse Side)

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

POST 81 107

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 *Edward [Signature]*

Licensed Embalmer No. 12138

P. O. Address Pennington, 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.