

FILED AUG 4 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22982**
Registrar's No. **2984**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 3 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri City		10240		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research				d. STREET ADDRESS (If rural, give location) None				
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) D.		c. (Last) Clevenger		4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 4 1875		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 11 Days 8	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Ray Co. Missouri		12. CITIZEN OF WHAT COUNTRY? US.	
13a. FATHER'S NAME Jasper Smith			13b. MOTHER'S MAIDEN NAME Worsham		14. NAME OF HUSBAND OR WIFE John Clevenger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Clevenger Missouri City, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anginal phase + cardiac failure following ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) repair of Lumbosacral Hernia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 days 5603	
19a. DATE OF OPERATION 7/7/51		19b. MAJOR FINDINGS OF OPERATION Intermittent Lumbosacral Hernia (large) RUG					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) (Min.)		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 Jan , 1951, to July 17 , 1951, that I last saw the deceased alive on July 11 , 1951, and that death occurred at 8:50 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE Glenn W. Hendren M.D. (Degree or title) Glenn W. Hendren M.D.				23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 7/12/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 12-51	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Orrick Missouri			
DATE REC'D BY LOCAL REG. 7-14-51		REGISTRAR'S SIGNATURE Geraldine Palmer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmer Funeral Home - Orrick Co. Liberty, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1955

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.....
Student Embalmer

Signed *John L. Landon*
Licensed Embalmer No. *4448*

P. O. Address *Liberty 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.