

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23780

State File No. _____

Registrar's No. 51

BIRTH NO. 30704-51 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046

681

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>California</u>	c. LENGTH OF STAY (If in this place) <u>3 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Mo 0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. O'Banion's office</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <u>CLANCY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>5/24/51</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) last birthday UNDER 1 YEAR 1 YEAR 2 YEARS OR OVER <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>California Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Marie Clancy</u>	14. NAME OF HUSBAND OR WIFE
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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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>No Informers Signature</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth at 5 months</u>		
	DUE TO (c)		<u>776 X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>California Moniteau Mo</u>
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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?
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22. I hereby certify that I attended the deceased from May 24, 1951, to May 24, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. O'Banion, D.O.</u> (Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>7/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wolfschlag farm</u>	24d. LOCATION (City, town, or county) (State) <u>Moniteau Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-24-51</u>	REGISTRAR'S SIGNATURE <u>H. R. Poppley, L.R.</u>	102	DEPUTY REGISTRAR'S SIGNATURE <u>Marie E. Clancy</u>	ADDRESS <u>Moniteau, Mo</u>
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Buried by Marie E. Clancy (Accepted Embalmer's Placement on Reverse Side) No funeral director

RECEIVED 8-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-4-51 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.