

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25818
Registrar's No. 141

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Marshall b. COUNTY Saline	
b. CITY OR TOWN Marshall		c. CITY OR TOWN Marshall	
c. LENGTH OF STAY (In this place) 44 days		d. STREET ADDRESS (If rural, give location) 414 East Gordon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital			

3. NAME OF DECEASED a. (First) Harry b. (Middle) Foster c. (Last) Clement			4. DATE OF DEATH July 19th, 1951.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1875	9. AGE (In years last birthday) 76	10. MONTHS 4 11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight clerk, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Knox County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward C. Clement		13b. MOTHER'S MAIDEN NAME Unknown	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs W.H. Skinner		ADDRESS Kansas City, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 19, 1951**, that I last saw the deceased alive on **July 19, 1951**, and that death occurred at **2 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Red (Degree or title)		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED July 19, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	
				24d. LOCATION (City, town, or county) (State) Marshall, Missouri	

DATE REC'D BY LOCAL REG. July-21-1951		REGISTRAR'S SIGNATURE Friday S Gray		25. FUNERAL DIRECTOR'S SIGNATURE 385 n Campbell	
				ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

972

RECEIVED

APR 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-23-51

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 *James H. Lewis*

Signed
Student Embalmer

Licensed Embalmer No. *4709*

P. O. Address *Marshall 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.