

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9126

FILED APR 3 1952

State No. 15
Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Princeton		c. CITY (If outside corporate limits, write RURAL and give township) Princeton	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) Mattie b. (Middle) Mattie c. (Last) Clements			4. DATE OF DEATH (Month) (Day) (Year) March 22-52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 9, 1867
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mercer Co. Mo.
13a. FATHER'S NAME Oliver Reeves		13b. MOTHER'S MAIDEN NAME Louisa Scott	14. NAME OF HUSBAND OR WIFE Henry Clements
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Howard, Princeton, 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) chronic myocarditis with myocardial degeneration			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease of liver (calculi)			
DUE TO (c) chronic nephritis			
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 583X	
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 January 19, 1939 to Mar. 22, 1952 , that I last saw the deceased alive on Mar. 21, 1952 , and that death occurred at 3 A.M. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Byron J. Artell D.O.		23b. ADDRESS Princeton, Missouri	
23c. DATE SIGNED 3-24-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-52	
24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.		24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.	
DATE REC'D BY LOCAL REG. 3-26-52		REGISTRAR'S SIGNATURE Martin	
25. FUNERAL DIRECTOR'S SIGNATURE Martin		ADDRESS Martin Funeral Home Princeton, Mo.	

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

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 Gene Martin.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3760.....

P. O. Address Princeton, Ill......

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.