.S. No. 300
EV. 10.48

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

FILED JUN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19144

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Vernon.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Twp
c. LENGTH OF STAY (In this place): 20 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisburg. 1330
d. STREET ADDRESS (If rural, give location): None.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) W. c. (Last) Clemons.
4. DATE OF DEATH (Month) (Day) (Year): May 27-1952.
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 17-1877
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Sam Clemons.
13b. MOTHER'S MAIDEN NAME: Rosa Doyle
14. NAME OF HUSBAND OR WIFE: Mary F. Clemons.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown.
17. INFORMANT'S SIGNATURE OR NAME: Mary F. Clemons ADDRESS: Louisburg, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerosis — Unknown

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: 4-2-00
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) m.
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* May 26, 1952, *to* May 27, 1952, *that I last saw the deceased alive on* May 26, 1952, *and that death occurred at* 3:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: George M Butler (Degree or title) M.D. 0
23b. ADDRESS: State Hosp. #3. Nevada Mo
23c. DATE SIGNED: 5/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-52
24c. NAME OF CEMETERY OR CREMATORY: New Hope
24d. LOCATION (City, town, or county) (State): Dallas Mo

DATE REC'D BY LOCAL REG.: 5-28-1952
REGISTRAR'S SIGNATURE: Anna E Ferry 45
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

M 98.41

JUN 11 1935

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 Leonard B Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2008

P. O. Address Buffalo 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.