

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Ruehman</u>				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ruehman</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joseph</u>		c. LENGTH OF STAY (In this place) <u>3405m3a</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joseph 0110</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clide</u>			b. (Middle) _____		c. (Last) <u>Money</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 10, 1896</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ON THE FARM</u>			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Lee Money</u>			13b. MOTHER'S MAIDEN NAME <u>ETTA PARENT</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Money</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Deputy Sheriff Ruehman Co</u>				ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocarditis a few days</u> ANTECEDENT CAUSES <u>Paralysis aqitans</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1-4</u> ¹⁹⁵³ to <u>1-4</u> ¹⁹⁵³ , 1953 that I last saw the deceased alive on <u>1-4</u> ¹⁹⁵³ and that death occurred at <u>1238</u> ¹⁹⁵³ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>State Hospital # 2</u>		23c. DATE SIGNED <u>1-4-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MOUND City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Caduto</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>JAMES H. CLARKE</u>				
					ADDRESS <u>MOUND City, Mo</u>				

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Round City, 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.