

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 017339FILED MAR 18 1953BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2202 Registrar's No. 127

| | | | |
|---|-------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> <u>0492</u> | |
| c. LENGTH OF STAY (In this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1809 Grand</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEM</u> | | b. (Middle) <u>FRANCIS</u> | |
| c. (Last) <u>CLEMONS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u> | 8. DATE OF BIRTH <u>May 5, 1888</u> |
| 9. AGE (In years last birthday) <u>64</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salvage Dealer Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 13a. FATHER'S NAME <u>Nathan Clemons</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Stephens</u> | |
| 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) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>488-16-3625</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Don Clemons Rt 1 Joplin, Mo.</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro - Renal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Degeneration</u> DUE TO (c) <u>Arteriosclerosis</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 <u>5610</u> | |
| 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) (Min.) | | 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>3-2</u> , 19 <u>53</u> , to <u>3-4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>53</u> , and that death occurred at <u>7:18 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 23b. ADDRESS <u>[Address]</u> | |
| 23c. DATE SIGNED <u>3-12-53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>March 7, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge Lewis Webb City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-14-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0495
1

RECEIVED 3-17-53
Jasper County Health Office

County File Number 53/3/225

Date Filed 3-17-53

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 *Richard Gray Lewis*

Licensed Embalmer No. *PH 115*

P. O. Address *Webb 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.