

STANDARD CERTIFICATE OF DEATH

State File No. **22043**

FILED JUL 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <b>Mo.</b> COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Orrick, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lexington Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Main Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Linda</b>	b. (Middle) <b>Sue</b>	c. (Last) <b>Clemmens</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>June 30 53</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 18, 1952</b>	9. AGE (In years last birthday) <b>0</b> Months <b>6</b> Days <b>12</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Richard K. Clemmens</b>	13b. MOTHER'S MAIDEN NAME <b>Norma McKee</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard K. Clemmens</b>	ADDRESS <b>Orrick,</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b> <b>Congenital heart disease</b>		INTERVAL BETWEEN PRESENT DEATH <b>since birth</b>
	ANTECEDENT CAUSES <b>Did not pick up congenital heart disease until Ductus arteriosus (4 mos. ago.)</b>		
	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 <b>7541</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Dec. 18, 1952**, to **June 30, 1953**, that I last saw the deceased alive on **June 30, 1953**, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ben H. ... M.D.</b>	23b. ADDRESS <b>Lexington, Missouri</b>	23c. DATE SIGNED <b>7/1/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 2, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>South Point</b>	24d. LOCATION (City, town, or county) (State) <b>Orrick, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-6-53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Good-Bailey</b>	ADDRESS <b>Orrick, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
42  
0

**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

*Marie D. Bailey*

Licensed Embalmer No.

41887

P. O. Address

*Orville, 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.