

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29215**

FILED SEP 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LA BELLE</b>			c. LENGTH OF STAY (In this place) <b>20 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LA BELLE</b> <b>0560</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 mi. southwest Lewistown</b>				d. STREET ADDRESS (If rural, give location) <b>3 mi. S W Lewistown</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b>		b. (Middle) <b>ALICE</b>		c. (Last) <b>RELKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 30, 1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>1/22/1874</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>79 7 8 1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXXXX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NAUVOO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HENRY MILLER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WASHBURN</b>		14. NAME OF HUSBAND OR WIFE <b>WALLACE RELKER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>OSCAR SHUMATE LEWISTOWN, MO.</b>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <b>Acute Medullary Failure.</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2015.</b>  <b>3 Days.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <b>4500</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <b>20 Aug, 1952</b> , to <b>30 Aug, 1953</b> , that I last saw the deceased alive on <b>30 Aug, 1952</b> , and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John W. Wells P.O. A.</b>				23b. ADDRESS <b>Lewistown MO.</b>		23c. DATE SIGNED <b>1 Sept 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9/1/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LEWISTOWN</b>		24d. LOCATION (City, town, or county) (State) <b>LEWISTOWN, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>9-2-53</b>		REGISTRAR'S SIGNATURE <b>P.W. Jennings</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles L. Condit Lewistown, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

**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.