

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44018

State File No.

FILED JAN 11 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>Donneterre</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>4910 N 20th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u> b. (Middle) <u>Florence</u> c. (Last) <u>Clements</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>Nov 27 1917</u>		9. AGE (In years last birthday) <u>36</u>		10. IF UNDER 1 YEAR OF AGE: (Day) (Hour) (Min.) <u>2 1 1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>De Witt, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						

13a. FATHER'S NAME <u>John William Capps</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Frances Gray Wilburn Clements</u>		14. NAME OF HUSBAND OR WIFE	
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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>490-12-9226</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Capps, De Witt, Ark.</u> ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		ANTECEDENT CAUSES				1 day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Multiple fractures</u>				3 1/2 days	
		DUE TO (c) <u>Cerebral lacerations</u>				3 1/2 days	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4567</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson Co. Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-25-1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>	
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22. I hereby certify that I attended the deceased from 12-25, 1953, to 12-29, 1953, that I last saw the deceased alive on 12-29, 1953, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George L. White</u>		23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>12-29-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Para Gould, Ark.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 29 1953</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dietrich Fou's Home</u>		ADDRESS <u>De Soto, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 11 1954

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.....
Signature of Student Embalmer

Signed *Samuel B. Ginter*.....

Licensed Embalmer No... *4104*.....

P. O. Address *Defato 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.