

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2237

FILED JAN 22 1954

State File No. ....

BIRTH MO. ... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville, Mo.</u>		c. CITY OR TOWN <u>Perryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>25 French Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>25 French Lane</u>		0741	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Grover</u>	b. (Middle) <u>Vest</u>	c. (Last) <u>Clippard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter F. Clippard</u>	13b. MOTHER'S MAIDEN NAME <u>Evangelina Fulbright</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Clippard</u>
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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>493-01-0689</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Clippard</u>	ADDRESS <u>Perryville, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 yrs</u> <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastro Nleer</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 19 50, to Jan 5, 1954, that I last saw the deceased alive on Jan 5, 1954, and that death occurred at 9:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Carron M.D.</u>	23b. ADDRESS <u>Perryville Mo.</u>	23c. DATE SIGNED <u>1-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-7-54</u>	REGISTRAR'S SIGNATURE <u>Josef Zollner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons</u>	ADDRESS <u>Perryville Mo.</u>
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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.....  
Signature of Student Embalmer

Signed *Wallace Young*.....

Licensed Embalmer No. *40*.....

P. O. Address *Perryman*.....

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.