

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7169**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **530**

1. PLACE OF DEATH a. COUNTY <b>StLouis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Richmond Hts</b>	c. LENGTH OF STAY (in this place) (township) <b>24 hrs</b>	c. CITY OR TOWN <b>Silex Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>StMarys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0570 / 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Opal</b> b. (Middle) <b>Celeste</b> c. (Last) <b>Clem</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-6-1888</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
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>self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Corso Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>

13a. FATHER'S NAME <b>Sterling Mudd</b>	13b. MOTHER'S MAIDEN NAME <b>Marg Ensor</b>	14. NAME OF HUSBAND OR WIFE <b>Unobtainable</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>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Clem</b> ADDRESS <b>Troy 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		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesenteric Thrombosis (acute)</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? <b>5702</b> YES <input checked="" type="checkbox"/> NO <input 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)	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 **2/27/54**, 19**54**, to **2/28/54**, 19**54**, that I last saw the deceased alive on **2/27/54**, 19**54**, and that death occurred at **2** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wacean Dyer</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>16 Hampton Village</b>	23c. DATE SIGNED <b>3/1/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-27-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Milwood Mo</b>

DATE REC'D BY LOCAL REG. <b>3-1-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McCoy Funeral Home</b> ADDRESS <b>5 Home, Troy, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 T MPP

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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 *Ronald O. Yahnske*

Licensed Embalmer No. *391*

P. O. Address *St. Louis*

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.