

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7902**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4066** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston,	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0130	

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Enola c. (Last) Clevenger			4. DATE OF DEATH (Month) (Day) (Year) March - 14 - 1954		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 5-23-1883		9. AGE (In years last birthday) 70 Months 9 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Wallace Clevenger-Permelia		13b. MOTHER'S MAIDEN NAME E Sackman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Bert Clevenger. Kingston, Mo. ADDRESS	

18. CAUSE OF DEATH 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		19. INTERVAL BETWEEN ONSET AND DEATH 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Duodenum		
	ANTECEDENT CAUSES Morbid 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 152X	
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 **March 1, 1954**, to **March 14, 1954**, that I last saw the deceased alive on **March 14, 1954**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cramer Clark M.D.		23b. ADDRESS Walo Mo		23c. DATE SIGNED 3-15-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17-54		24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		24d. LOCATION (City, town, or county) (State) Kingston, Missouri	
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DATE REC'D BY LOCAL REG. 3-27-54		REGISTRAR'S SIGNATURE Gladys Jones		25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark ADDRESS Kingston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0130

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..... *Cramer Clark*

Licensed Embalmer No. 3257.....

P. O. Address Kingston, 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.