

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8176**

BIRTH NO. **MAR 17 1954** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (In this place) 9 yrs.	c. CITY OR TOWN Kennett
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hosp.		e. STREET ADDRESS (If rural, give location) East & North of Kennett	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) O	c. (Last) Cluck	4. DATE OF DEATH (Month) (Day) (Year) 2 18 1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-23-1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Carbondale, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lon Cluck	13b. MOTHER'S MAIDEN NAME Minnie Vaughn	14. NAME OF HUSBAND OR WIFE Viola Cluck
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Loyd Cluck	ADDRESS Kennett, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Excessive Cold		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		E9329 46
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis & Myocardial Degeneration.			

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)	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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:15a** m., from the causes and on the date stated above.

23a. SIGNATURE Quinton Tawes (Degree or title) Coroner	23b. ADDRESS Dunklin County Kennett, Mo.	23c. DATE SIGNED 3/11/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-54	24c. NAME OF CEMETERY OR CREMATORY County Farm	24d. LOCATION (City, town, or county) (State) Dunklin County Mo.
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DATE REC'D BY LOCAL REG. 3-12-54	REGISTRAR'S SIGNATURE Earl Husband	25. FUNERAL DIRECTOR'S SIGNATURE Wentz Service	ADDRESS Kennett, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 3-16-

COUNTY FILE NUMBER 354

STATEMENT BY LICENSED EMBALMER

not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar Rice Fox*

Licensed Embalmer No. *443*

P. O. Address *Kenne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.