

REC'D NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37025

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1071</u>					
1. PLACE OF DEATH a. COUNTY <u>Green</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield</u>				c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY OR TOWN <u>Springfield,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hos.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural, Washington Twsp.</u>				0390			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm.</u>			b. (Middle) <u>Dennis</u>			c. (Last) <u>Climer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 14, 1870</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Climer</u>				13b. MOTHER'S MAIDEN NAME <u>Loretta Bowers</u>				14. NAME OF HUSBAND OR WIFE <u>Widowed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Climer, Rogersville, Rt. 1, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>								<u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>								<u>unknown</u>	
		DUE TO (c) _____									
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>								<u>unknown</u>	
		19b. MAJOR FINDINGS OF OPERATION									
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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?				332 X			
22. I hereby certify that I attended the deceased from <u>8-9, 1953</u> , to <u>11-24, 1954</u> , that I last saw the deceased alive on <u>11-23, 1954</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Herbert S. Harrison M.D.</u>						23b. ADDRESS <u>220 Prof. Bldg. Springfield Mo</u>			23c. DATE SIGNED <u>11-29-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Pembina Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>11-24-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>			ADDRESS <u>Ozark, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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... *T. B. Chaffin* .....

Licensed Embalmer No. *2192*

P. O. Address... *Ozark* .....

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.