

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2385

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 2056		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY 7			
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 8/8/55		c. CITY OR TOWN Des Moines		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital				STREET ADDRESS (If rural, give location) 814 1/2 S			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) POND		c. (Last) CLEMISON		4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 19, 1895	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 12		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Silas Clemison			13b. MOTHER'S MAIDEN NAME Elosise Pond			14. NAME OF HUSBAND OR WIFE Gladys	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If giving war or dates of service) Yes WW I		16. SOCIAL SECURITY 703-01-1198		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gladys Clemison, Des Moines, Ia			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal and generalized metastasis ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of the cardia end DUE TO (c) of the stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 15/x				INTERVAL BETWEEN ONSET AND DEATH About 10 months 12-18 Mos.	
19a. DATE OF OPERATION 7/19/55		19b. MAJOR FINDINGS OF OPERATION Exploratory				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 Aug. 8, 1955, to Jan. 1, 1956, that I last saw the deceased alive on Dec. 28, 1955, and that death occurred at 3:50 P.m., Jan. 1, 1956, from the causes and on the date stated above.							
23a. SIGNATURE (Dentist or other) Dwight W. Anderson, M.D., Physician in Charge				23b. ADDRESS 415 Woodland Avenue Moberly, Missouri		23c. DATE SIGNED 1/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-3-56		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo.	
DATE REC'D BY LOCAL REG. Jan 3-56		REGISTRAR'S SIGNATURE Earl D. Lowe		25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son, Moberly, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1968

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 *Frank D D Witt*

Licensed Embalmer No. *302*

P. O. Address *Proberly*

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.