

STANDARD CERTIFICATE OF DEATH

State File No.

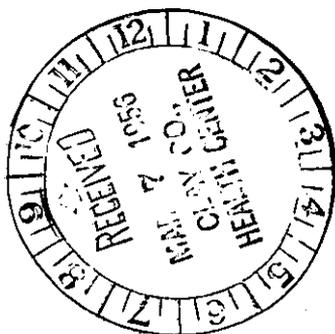
FILED MAR 12 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>2 Weeks</u>	c. CITY OR TOWN <u>Rural Orrick, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5 Mi-N W of Orrick, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Benton</u> b. (Middle) _____ c. (Last) <u>Clevenger</u>		4. DATE OF DEATH <u>Feb. 10 - 56</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28, 1880</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Orrick, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13. FATHER'S NAME <u>Richard Clevenger</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Margrett Owens Gill</u>	14. NAME OF HUSBAND OR WIFE <u>Eliza Youngblood Clevenger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Wiley</u>		ADDRESS <u>Liberty, Mo.</u>	
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) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>Peritonitis</u> 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 <u>Atherosclerosis - Coronary Disease</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION <u>2/10/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. of stomach</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) <u>151X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Jan 20</u> , 19 <u>56</u> , to <u>2/10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/10/56</u> , 19 <u>56</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Caroline Hutchings</u> (Degree or title) _____		23b. ADDRESS <u>Excelsior Springs Mo</u>	
23c. DATE SIGNED <u>2/10/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 12, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>5 Mi N. W. of Orrick, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u> ADDRESS <u>Orrick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/15/56</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	

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 *Charles F. Tyb*.....

Licensed Embalmer No. *453*

P. O. Address *Liberty*.....

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.