

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 16013BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4199 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> <u>0380</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall</u> <u>1</u>		c. CITY OR TOWN <u>McFall</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. In 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 <u>East Part of McFall</u>		e. STREET ADDRESS (If rural, give location) <u>East Part of McFall</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lou</u> b. (Middle) <u>Eva</u> c. (Last) <u>Clevenger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>31</u> <u>1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	
8. DATE OF BIRTH <u>Jan. 13, 1879</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eagleville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>William Maddy</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Maddy</u>	
14. NAME OF HUSBAND OR WIFE <u>Samuel Clevenger, Deceased</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> <u>X</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Raymond Adkins</u>		ADDRESS <u>McFall, 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>Cancer of Illium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos?</u>	
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"/>	
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>McFall, Gentry, Mo</u>	
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 5-18-1956, to 5-21-1956, that I last saw the deceased alive on 5-21-1956, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>		23b. ADDRESS <u>Albany, Mo</u>		23c. DATE SIGNED <u>5-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>New Hampton, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Webb</u>		ADDRESS <u>New Hampton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 23-56</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</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 *William George Noble*

Licensed Embalmer No... *49*

P. O. Address *New York*

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