

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38548**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Holden</u>		c. CITY OR TOWN <u>Holden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home, Holden, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Holden, Mo. South Market.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Ann</u> c. (Last) <u>Clements</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6, 1956</u>		
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5. SEX <u>female</u>		6. COLOR OR RACE <u>cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 20, 1911</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>		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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Vincent Mayer</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Jankowski</u>			14. NAME OF HUSBAND OR WIFE <u>Siegel Clements</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Siegel Clements</u>		ADDRESS <u>Holden, Missouri</u>	
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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>Metastatic Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary sigmoid colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>				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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Sept 12, 1956, to Dec 6, 1956, that I last saw the deceased alive on Dec 6, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kelly Rowlers M.D.</u>			23b. ADDRESS <u>Holden Mo</u>			23c. DATE SIGNED <u>12/7/56</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>12-10-1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada and Ropp</u>		ADDRESS <u>Holden, Missouri.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500

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 *M. L. Canaday*.....

Licensed Embalmer No. *3439*

P. O. Address *Holden*.....

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.