

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5874

State File No.

FILED MAR 5 1957

BIRTH NO. _____ REG. DIST. NO. 297-4448 PRIMARY REG. DIST. NO. 6024 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Park</u>		c. LENGTH OF STAY (in this place) <u>33</u>	c. CITY OR TOWN <u>Leoni E. Lawson</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JOHN</u>	b. (Middle) <u>M</u>	c. (Last) <u>CLEVENGER</u>	<u>Feb 25 1957</u>		
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>April 17, 1877</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>79 10 8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm. Harrison Clevenger</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Titus</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Mennie F. Clevenger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mennie F. Clevenger Libbard 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus (Left)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senile Arteriosclerosis - hypotension</u>		
	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 <u>332x</u>	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.) <u>Lawson</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ray 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 Feb 1, 1957, to Feb 25, 1957, that I last saw the deceased alive on Feb 23, 1957, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Det. E. Buehler M.D.</u>	23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>2/26/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 27 '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>
DATE REC'D BY LOCAL REG. <u>March 2, 1957</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jarman - Prichard Lawson Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Lindell J. Roman*.....

Licensed Embalmer No. *4584*
P. O. Address *Enoch Springs, T.*

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.