

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16357

STATE FILE NUMBER

FILED MAY 29 1957

Registration District No. 44 Primary Registration District No. 5146 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Davis Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Davis Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. south Braymer</u> Length of stay in 1b <u>10 yr.</u>		d. STREET ADDRESS (If outside, give location) <u>130</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>BARTLETT</u> Last <u>CLEVENGER</u>			4. DATE OF DEATH <u>5/15/1957</u> Month <u>5</u> Day <u>15</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/12/1896</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>16</u> Min. <u>30</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 <u>retired</u>	11. BIRTHPLACE (City and state or country) <u>Ray Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Aaron Clevenger</u>			14. MOTHER'S MAIDEN NAME <u>Mary Hugkinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Jessie Clevenger, Braymer, Mo</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Bilateral Carcinoma of lungs</u> DUE TO (c) <u>with metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>163x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (19) <u>Rectal hemorrhage malnutrition</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> Month <u>May</u> Day <u>15</u> Year <u>1957</u> a. m. <u>p. m.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Braymer, Mo</u>		COUNTY <u>Mo</u> STATE <u>Mo</u>

21. I attended the deceased from <u>May 14/57</u> to <u>May 15/57</u> and last saw <u>him</u> alive on <u>May 15/57</u> Death occurred at <u>12 noon</u> m on the date stated above; and to the best of my knowledge, from the cause stated.	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Braymer, Mo</u>
22c. DATE SIGNED <u>5/17/57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5/17/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Michael Funeral Home, Braymer, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-19-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4990

JUN 4 1957

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 *Geneb. Michael* _____

Licensed Embalmer No. *434*

P. O. Address *Braymer,*

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.