

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 0 17898  
STATE FILE NUMBER

FILED JUN 14 1957 Registration District No. 200 Primary Registration District No. 5119 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Bevier Township</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lincoln</u> 429 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 36</u> Length of stay in 1b <u>—</u>		d. STREET ADDRESS (If outside, give location) <u>3044 U. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Curtis</u> Last <u>Clough</u>			4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 26, 1924</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>File Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Aircraft</u>		11. BIRTHPLACE (City and state or country) <u>Marvsville, Okla.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Floyd M. Clough</u>		
14. MOTHER'S MAIDEN NAME <u>Hulda Anna Bush</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes W.W. 2</u>		
16. SOCIAL SECURITY NO. <u>431-40-2702</u>			17. INFORMANT Address <u>L. F. Clough Lincoln, Neb.</u>		

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>Broken Neck; Fractured Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>U.S.A.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>Auto Truck Accident</u>		
20c. TIME OF INJURY Hour <u>12:10</u> a. m. <u>pm.</u> Month, Day, Year <u>6-1-57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Hwy 36</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bevier Township Macon Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>12:10</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Lester Whitton</u>			22b. ADDRESS <u>Corona 3 Macon, Mo.</u>		22c. DATE SIGNED <u>6-1-57</u>

23a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wyuka Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln, Neb.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Umlingers Inc Lincoln Neb.</u>		25. DATE RECD. BY LOCAL REG. <u>6/1/57</u>	26. REGISTRAR'S SIGNATURE <u>Keith McNeely</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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5. 300  
7. 1-56

JUN 24 1957

JUN 28 1957

County File No. 6-57-88  
Date Filed 6-11-57

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 L. Hutton

Licensed Embalmer No. 457

P. O. Address Macon,

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