

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1957 020997
STATE FILE NUMBER 3013

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3013

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 43rd & Nichols Prkwy		Length of stay in lb 34 yrs.	d. STREET ADDRESS (If outside, give location) 4509 East 39th St.
3. NAME OF DECEASED (Type or print) First NELSON Middle RAY Last CLEMENTS			4. DATE OF DEATH Month June Day 27 Year 1957
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Public Service	11. BIRTHPLACE (City and state or country) Platte County, Missouri
13a. FATHER'S NAME Walter Clements.		13b. MOTHER'S MAIDEN NAME Susan Edwards	14. NAME OF HUSBAND OR WIFE Mrs. Frances O. Clements
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 486-07-5280	17. INFORMANT Address Mrs. Frances O. Clements-4509 E. 39th, K.C. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke + Hemorrhage, resulting from crushing series of chest, skull & rib fractures to cerebral & lung + wrist & ankle of left, compound fractures of both legs			INTERVAL BETWEEN ONSET AND DEATH 802 x 35
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b):			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) Apparently ran over by street car		
20c. TIME OF INJURY Hour 8:40 a.m. Month, Day, Year 6-27-57	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Street	20f. CITY, TOWN, OR LOCATION Kansas City, Missouri	COUNTY Jackson	STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Geo C Kealhofer	(Degree or title) 3	22b. ADDRESS 6627 Parked St	22c. DATE SIGNED 6-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June - 29 - 1957	23c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery	23d. LOCATION (City, town, or county) (State) Platte County, Missouri
24. FUNERAL DIRECTOR Mrs. C. L. FORSTER FUNERAL HOME, INC. ADDRESS KANSAS CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 6-29-57	26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 E. C. Gibson

Licensed Embalmer No. 4137
P. O. Address Kansas City, Mo

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.