

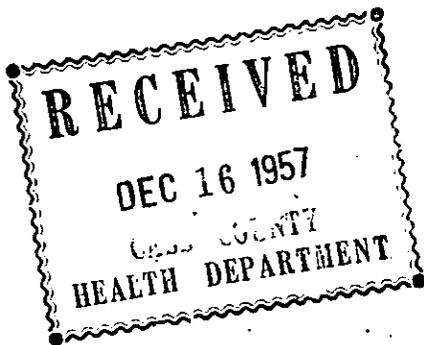
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1957

State File No. **43761**

BIRTH NO. _____		REG. DIST. NO. 57		PRIMARY REG. DIST. NO. 5231		Registrar's No. 176	
1. PLACE OF DEATH a. COUNTY CASS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CASS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SHERMAN Township		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Creighton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 1/2 miles NE of Garden City				e. STREET ADDRESS (If rural, give location) 5 1/2 Miles NE of Garden C. Ty			
3. NAME OF DECEASED (Type or Print) a. (First) DEANMAN b. (Middle) Highland c. (Last) Clements			4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1957				
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. Dowd	8. DATE OF BIRTH 27 Aug. 1872		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) GARDON C. Ty, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID Clements		13b. MOTHER'S MAIDEN NAME CATHERINE PARSE		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLAUDE WILEY CREIGHTON - MO.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. _____					INTERVAL BETWEEN ONSET AND DEATH 5 m
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Stephen Sheriff Acting Coroner Hannemannville Mo.				23b. ADDRESS _____		23c. DATE SIGNED 12-8-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 8 - 1957	24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery		24d. LOCATION (City, town, or county) (State) Garden City, MO.		
DATE REC'D BY LOCAL REG. Dec 8, 1957		REGISTRAR'S SIGNATURE Dora Barward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Artemon Dekey Garden City Mo.			

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



JAN 8
1958

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 *Robert Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Harrisonville*

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.