

FILED JAN 2 1958

STANDARD CERTIFICATE OF DEATH

44682
STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 556

V. S. 300
Rev. 1-57

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.

Hickman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital		d. STREET ADDRESS 519 S. Main	
3. NAME OF DECEASED (Type or print) MR. HENRY SMITH CLEMENTS		4. DATE OF DEATH Dec. 19, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 3, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Routeman, Indep. Laundry		11. BIRTHPLACE (City and state or country) Henry Co., Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Francis R. Clements		13b. MOTHER'S MAIDEN NAME Zerelda Cook	14. NAME OF HUSBAND OR WIFE Lucille
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. UNK.	17. INFORMANT Address Miss Mildred Clements, Indep. 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) Cerebrovascular Accident (Stroke)			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY _____ STATE _____	
21. I attended the deceased from July 19, 1955 to Dec 19, 1957 and last saw her/him alive on Dec 19, 1957 Death occurred at 8:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. Hickman MD		22b. ADDRESS 604 W. Maple Independence, Mo.	
22c. DATE SIGNED 12/20/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Ott & Mitchell, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 12-21-57	26. REGISTRAR'S SIGNATURE James L. [Signature]

JAN 8

1958

DEC 29 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 Jason I White Licensed Embalmer No. 4925 P. O. Address Under, 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.