

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4205

STATE FILE NUMBER

FILED FEB 4 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 812 N. Washington St. Tate Nursing Home		Length of stay in lb four days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eliza Middle Ann Last Clevenger			4. DATE OF DEATH Month Jan. Day 24 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1870
10a. USUAL OCCUPATION (Blue kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87
13. FATHER'S NAME Micheal Shively		11. BIRTHPLACE (City and state or country) Moulton Iowa	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. - - -		14. MOTHER'S MAIDEN NAME Elizabeth Gregory Same	
17. INFORMANT L. J. Clevengar		Address Walker, 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) Left Ventricular failure			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic cardio vascular renal disease			10 years
DUE TO (c) 442 X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) Moderate rectal hemorrhage due to high fecal impaction 2 days ago.			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 2:45 Month, Day, Year a. m. Pm p. m.			
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 COUNTY STATE
21. I attended the deceased from May 19, 1953 to Jan. 24, 1958 and last saw her ^{alive} on Jan. 23, 1958 Death occurred at Nevada, Mo. 2:45 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. B. Wray, M.D.		22b. ADDRESS Moore Bldg., Nevada, Mo.	22c. DATE SIGNED Jan. 28, '58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 25	23c. NAME OF CEMETERY OR CREMATORY Harwood Cemetery	23d. LOCATION (City, town, or county) (State) Near Harwood, Mo.
24. FUNERAL DIRECTOR O. W. Harmoner		ADDRESS Harwood, Mo.	25. DATE RECD. BY LOCAL REG. 2-1-1958
		26. REGISTRAR'S SIGNATURE Anna B. Ferry	

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..... *Cliff Rogers*.....

Licensed Embalmer No.....27

P. O. Address....Harwood,

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