

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028177
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cape Girardeau State Cancer Hosp</u>		Length of stay in lb <u>15 days</u>	d. STREET ADDRESS (If outside, give location) <u>616 Elm St.</u>
3. NAME OF DECEASED (Type or print) First <u>Joe</u> Middle <u>Hoax</u> Last <u>Clodfelter</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>28</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-10-84</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	9c. BIRTHPLACE (City and state or country) <u>Jackson, Mo</u>
10a. FATHER'S NAME <u>CYRUS Clodfelter</u>		10b. MOTHER'S MAIDEN NAME <u>Nancy HOWARD</u>	10c. NAME OF HUSBAND OR WIFE <u>—</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		12. SOCIAL SECURITY NO. <u>—</u>	12. INFORMANT Address <u>Hosp. records - Columbia Mo</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of rectum, locally advanced</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>154X</u>			
DUE TO (c) <u>—</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
15a. ACCIDENT <input type="checkbox"/>	15b. SUICIDE <input type="checkbox"/>	15c. HOMICIDE <input type="checkbox"/>	15d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
16. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		17. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
18. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19. CITY, TOWN, OR LOCATION COUNTY STATE	
20. I attended the deceased from <u>8-8-58</u> to <u>8-28-58</u> and last saw ^{him} alive on <u>8-28-58</u> Death occurred at <u>12:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
21. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		22. ADDRESS <u>Columbia, Mo</u>	
23. DATE SIGNED <u>8-28-58</u>			
24. BURIAL, CREMATION, REMOVAL (Specify)	25. DATE <u>8-31-1958</u>	26. NAME OF CEMETERY OR CREMATORY <u>Russell Heights Cem</u>	27. LOCATION (City, town, or county) (State) <u>JACKSON, Mo.</u>
28. FUNERAL DIRECTOR ADDRESS <u>Parker Funeral Service Columbia, Mo</u>		29. DATE RECD. BY LOCAL REG. <u>Aug. 28 1958</u>	30. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Douglas P. Yerman*

Licensed Embalmer No. *5027*

P. O. Address *Columbus, Ga.*

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.