

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006985

STATE FILE NUMBER

2 1419

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

300
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS D.O.A.</u>		d. STREET ADDRESS (If outside, give location) <u>3029 DICKSON</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <u>Clarence Cornelius Clinton</u>			4. DATE OF DEATH Month Day Year <u>2 7 59</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-5-1926</u>
9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days <u>2 7</u>	IF UNDER 24 HRS. Hours Min. <u>10 45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foundry Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Otis Clinton</u>		13b. MOTHER'S MAIDEN NAME <u>magnolia white</u>	14. NAME OF HUSBAND OR WIFE <u>Deloise Clinton</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-24-4826</u>	17. INFORMANT Address <u>Otis Clinton 3029 Dickson St.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Hemorrhage</u> <u>Gunshot wound of Left Lung.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>E981X</u> DUE TO (c) <u>suffered what was fatal</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not immediately giving rise to death <u>Verdict Franklin about 9:55 am July 7 1959. Father's homicide or justifiable could not be determined.</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENTAL UNLAWFUL HOMICIDE <input type="checkbox"/> Verdict <u>Franklin about 9:55 am July 7 1959</u>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of Item 18) <u>Father's homicide or justifiable could not be determined.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>9:55 am 2 7 59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis Mo</u>	
20e. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>1011 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Franklin</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>2/10/59</u>
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>2-13-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barricks MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>GUS Lowe, 2930 Dickson St</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 10 '59</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>

mjl

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 *Leroy W. Sammis*

Licensed Embalmer No. *4523*
P. O. Address *4251 N. Main*

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.