

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012060

STATE FILE NUMBER
90

FILED MAR 31 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 90

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-57 4

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</u> <u>1083</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jones Nursing Home</u> <u>402 North Cedar</u>		Length of stay in lb <u>30 years</u>	d. STREET ADDRESS (If outside, give location) <u>1121 North Ash</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Lovina Ellen Clements</u>			4. DATE OF DEATH Month Day Year <u>March 7 1959</u>		
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 3, 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Isaac W. Place</u>		13b. MOTHER'S MAIDEN NAME <u>Lyda Margaret Lance</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Clements, Deceased</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-36-1596</u>	17. INFORMANT <u>M. F. Place</u> Address <u>Nevada, Missouri</u>
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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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>✓</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) <u>Chronic arthritis + cerebral confusion</u>		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.) <u>331X</u>
20c. TIME OF INJURY Hour Month, Day, Year <u>_____</u> p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, _____)	20f. CITY, TOWN, OR LOCATION <u>Nevada</u>	COUNTY <u>Vernon</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>1/15/1951</u> to <u>Mar 7/59</u> , and last saw her alive on <u>Mar 7-59</u> Death occurred at <u>4:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>W. F. Place</u> (Name or title)		22b. ADDRESS <u>Nevada Mo</u>		22c. DATE SIGNED <u>3-10-59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 9, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u>	ADDRESS <u>Nevada, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>3-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>
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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 *J. Douglas J. ...*

Licensed Embalmer No. *4960*

P. O. Address *Menasha, W. Va.*

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.