

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012695  
STATE FILE NUMBER

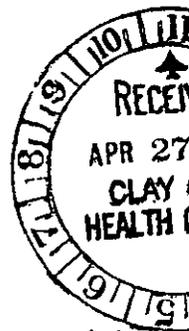
MAY 1 1959 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 55

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Excelsior Springs</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clay Co. Farm</b> Length of stay in 1b <b>1yr 6 mo</b>		d. STREET ADDRESS (If outside, give location) <b>324 East Excelsior</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>L.</b> Last <b>Clevenger</b>			4. DATE OF DEATH Month <b>April</b> Day <b>18</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 24, 1870</b>
9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Newport, Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Bart Clevenger</b>	
13b. MOTHER'S MAIDEN NAME <b>Unkown</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Maude Clevenger</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT Address <b>Will T. Hightower, R.F.D.2, Ex. Spgs</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m. Month, Day, Year _____			
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, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>1958</b> to <b>April 1959</b> last saw him alive on <b>April 10</b> Death occurred at _____ m of the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>Wm H. Goadson</b> (Degree or title)		22b. ADDRESS <b>Liberty, Mo</b>	22c. DATE SIGNED <b>4/9/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>April 21/59</b>	<b>Old New Garden Cemetery</b>	<b>Ray County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Virgil Hope, Excelsior Spgs Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-21-59</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>



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 *Chas. Virgil Hope* .....

Licensed Embalmer No. *3950* .....

P. O. Address *Peelston Springs* .....

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.