

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013224

FILED MAY 1 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER

1899

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If inside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hickman Mills</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Marys Hospital</u>		Length of stay in lb <u>9 days</u>	d. STREET ADDRESS (If outside, give location) <u>10109 Hillcrest Rd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JANET</u> Middle <u>***</u> Last <u>CLINGAN</u>			4. DATE OF DEATH Month <u>4</u> Day <u>14</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 9-1956</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harry Clingan</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Eldenburg</u>		14. NAME OF HUSBAND OR WIFE <u>—</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>—</u>		17. INFORMANT <u>Mrs. Harry Clingan</u> Address <u>10109 Hillcrest Rd Hickman Mills, Mo.</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>CARDIAC FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 Hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>SHOCK</u>				<u>1/2 Hr.</u>	
DUE TO (c) <u>GLOMERULONEPHRITIS</u>				<u>2 WKS.</u>	
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? <u>593X</u> 1 YES <input checked="" type="checkbox"/> NO <input 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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>					
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 <u>APRIL 5, 1959</u> to <u>APRIL 14, 1959</u> and last saw her alive on <u>APRIL 14, 1959</u> Death occurred at <u>9:16</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Victor S. McDonald, Jr. M.D.</u>			22b. ADDRESS <u>411 Nichols Rd, K.C. Mo.</u>		22c. DATE SIGNED <u>APRIL 15, 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>General</u>		23b. DATE <u>4-15-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Florence, Missouri</u>
24. FUNERAL DIRECTOR <u>C.F. Blackman & Son Inc. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4.16.59</u>		26. REGISTRAR'S SIGNATURE <u>Edward Marshall</u>	

Health, Welfare, Public Service
100
-57
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Victor G. McDonald, Jr. M.D. REGISTRAR

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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 *W.C. Quinn*

Licensed Embalmer No. *4879*
P. O. Address *I.C., Md.*

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.

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