

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007676

AMENDED Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 251 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF S.E. Meluney Medical Certification

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 251 STATE FILE NUMBER

**FILED VS MAR 14 1961**

1. PLACE OF DEATH  
 a. COUNTY Buchanan  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b OR TOWN 10 yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Buchanan  
 c. CITY OR TOWN St. Joseph Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Ryan Hotel, 313 So. 6th Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE EDWARD DESPAIN  
 4. DATE OF DEATH Month Day Year March 7 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11/19/09 9. AGE (last birthday) 51  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Common Labor 11. BIRTHPLACE (City and state or country) Fairfield Iowa 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Peter Despain 13b. MOTHER'S MAIDEN NAME Alice Hewitt 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Thurman Baker Ottumwa, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Mestatic Carcinoma  
 DUE TO (b) Carcinoma of the Lung  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 5/5/58 to 3/7/61 and last saw him alive on 3/6/61  
 Death occurred at 5:10A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.E. Meluney M.D. 22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo. 22c. DATE SIGNED 3/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial 3/7/61 23b. DATE 3/7/61 23c. NAME OF CEMETERY OR CREMATORY Fairfield Cemetery 23d. LOCATION (City, town, or county) (State) Fairfield Iowa

24. FUNERAL DIRECTOR ADDRESS Stamey Funeral Home St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 9, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Standell

**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 Charles B. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

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.