

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009995
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 35

AMENDED

FILED APR 3 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bollinger</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u> | | Length of stay in 1b <u>1 day</u> | c. CITY OR TOWN <u>Perryville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>P.C. Mem Hosp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>Rural Rte #2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>B</u> Last <u>Clements</u> | 4. DATE OF DEATH Month <u>March</u> Day <u>25</u> Year <u>1961</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-27-86</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 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 | 11. BIRTHPLACE (City and state or country) <u>Bollinger Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Henry Wörth</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Hunhold</u> | 14. NAME OF HUSBAND OR WIFE <u>Louis Clements</u> |
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| 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>None</u> | 17. INFORMANT Address <u>Louis Clement Perryville, Mo.</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>Hyper tensive + Arteriosclerotic Cardiovascular disease</u> | INTERVAL BETWEEN ONSET AND DEATH <u>4-5yr.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | |
| DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>① Nontoxic nodular goiter ② Arthritis ③ Catgractss</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? 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.) |
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| 20c. TIME OF INJURY Hour <u>5:50</u> a.m. p.m. | Month, Day, Year |
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| 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 <u>Perryville, Mo.</u> | COUNTY <u>Bollinger</u> | STATE <u>Missouri</u> |
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21. I attended the deceased from 8-2-56 to 3-25-61 and last saw her alive on 3-24-61
Death occurred at 5:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>James T. Fairchild, M.D.</u> (Degree or title) | 22b. ADDRESS <u>Perryville, Mo.</u> | 22c. DATE SIGNED <u>3-25-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-27-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Maurus Catholic</u> | 23d. LOCATION (City, town, or county) (State) <u>Biehle Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Young & Sons</u> ADDRESS <u>Perryville Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>3-27-61</u> | 26. REGISTRAR'S SIGNATURE <u>Joel J. Zollner</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.