ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-035220
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2824

FILED OCT 16 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Length of stay in 1b 2 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Overland Restorium — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Overland — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2423 Ackerman — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Corinne Middle Vivienne Last Clem
4. DATE OF DEATH Month Oct. Day 4 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 9-12-1890
9. AGE (last birthday) 71 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Malden, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Monroe Clem
13b. MOTHER'S MAIDEN NAME Hettie Britton
14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Address Overland 14 Georganne Krumpelman-2423 Ackerman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adeno Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH 6 mo.
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)
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 a.m. p.m. Month, Day, Year
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 Jan 18 1961, to Oct 4/61 and last saw her/him alive on Oct 4 - 1961
Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H W Noller [signature]
22b. ADDRESS 2438 Woodson Rd Overland 14 Mo
22c. DATE SIGNED Oct 5/1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-7-1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Jennings, Mo

24. FUNERAL DIRECTOR ADDRESS Baumann Bros. Inc. 2504 Woodson Rd., Overland 14
25. DATE RECD. BY LOCAL REG. 10-6-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 David C. Gibso

Licensed Embalmer No. 3454

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.