

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-040101

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **10373** STATE FILE NUMBER

FILED NOV 13 1962

VS 300	DATE AMENDED
Rev. 4/59	
1	
2009068	
3 2	
4 0	
5 2	
6	
7 0	
8 1	
9	
10	
11	
12 64-0	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 8 Days	c. CITY OR TOWN GRASSY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last EPHRAIM L. CLONNINGER			4. DATE OF DEATH Month Day Year 10 28 62	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-16-92	9. AGE (last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Marquand, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ephrim Clonninger		13b. MOTHER'S MAIDEN NAME Mary Dudley		14. NAME OF HUSBAND OR WIFE Minnie (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes NW1 (Army)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Floyd Clonninger, Lutesville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Multiple Pulmonary Emboli**

DUE TO (b) **ASHD = Cong. Ht Failure**

DUE TO (c) **420.0**

INTERVAL BETWEEN ONSET AND DEATH **36-72 hrs**

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

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 **10/20/62** to **10/28/62** and last saw him alive on **10/28/62**

Death occurred at **10/28/62 3:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Denge Boonshaft, M.D.** 22b. ADDRESS **Jewish Hospital** 22c. DATE SIGNED **10/29**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **10-31-62** 23c. NAME OF CEMETERY OR CREMATORY **CANE CREEK** 23d. LOCATION (City, town, or county) (State) **Lutesville, MO.**

24. FUNERAL DIRECTOR ADDRESS **WARD FUNERAL HOME Lutesville MO** 25. DATE RECD. BY LOCAL REG. **OCT 30 1962** 26. REGISTRAR'S SIGNATURE **Road Smith, M.D.**

NOV 14 1962

REC-10-117
81-10117

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 *James H. Riley*

Licensed Embalmer No. 5086

P. O. Address Lutesville, 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.