

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005292

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

240

FILED MAR 4 1963

VS 300 Rev. 4/59	DATE AMENDED	
5117	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
25117	INSTEAD OF	
3	DOCUMENT	
4 0	BY AFFIDAVIT OF	
5 0	C.C. DuMont, M.D. MEDICAL CERTIFICATION	
6	SHOULD READ	
7 0	USE BLACK INK OR TYPEWRITER RIBBON	
8 2		
9491X		
10		
11		
123-0		
131-0		

1. PLACE OF DEATH a. COUNTY: <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>MISSOURI</b> b. COUNTY: <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>ST. JOSEPH</b>		Length of stay in 1b <b>5 MINUTES</b>	c. CITY OR TOWN: <b>ST. JOSEPH</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>ST. JOSEPH'S HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>115 SOUTH 12TH, ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: <b>DANNY</b> Middle: <b>BRIAN</b> Last: <b>CLUCK</b>			4. DATE OF DEATH Month: <b>FEBRUARY</b> Day: <b>23</b> Year: <b>1963</b>
5. SEX: <b>MALE</b>	6. COLOR OR RACE: <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>JAN. 2, 1963</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) IF UNDER 1 YEAR: Months: <b>1</b> Days: <b>16</b> Hours: Min. IF UNDER 24 HR: Hours: Min.
11a. FATHER'S NAME: <b>GEORGE CLUCK</b>		11b. MOTHER'S MAIDEN NAME: <b>SHIRLEY BOEH</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		12b. SOCIAL SECURITY NO. [REDACTED]	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>		12c. NAME OF HUSBAND OR WIFE: <b>---</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		12d. CITIZEN OF WHAT COUNTRY: <b>USA</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			12e. INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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: _____ a.m. _____ p.m. Month, Day, Year: _____		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 <b>2-22-63</b> to <b>2-23-63</b> and last saw her/him alive on <b>2-22-63</b> Death occurred at <b>10:55</b> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Clement C. DuMont, M.D.</b>		22b. ADDRESS <b>St. Joseph, Mo</b>	
22c. DATE SIGNED <b>2-27-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>FEB. 23, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MT. CALVERY CEMETERY</b>		23d. LOCATION (City, town, or county) <b>WATHENA, KANSAS</b>	
24. FUNERAL DIRECTOR <b>HARMAN FUNERAL HOME-WATHENA, KANSAS</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 1, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Ma. Clark Stoddell</b>			

**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 M. Sherman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.

Barnett School 2-26/63