MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035057

STATE FILE NUMBER

FILED SEP 23 1963

Registrar's District No. 38 Primary Registration District No. 3006 Registrar's No. 635

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 DMA
2 0170
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4 1
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1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Hospital
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Carolyn Middle Hogan Last Clemens

4. DATE OF DEATH Month September Day 17 Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-15-39

9. AGE (last birthday) 24

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

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Henry Hogan

13b. MOTHER'S MAIDEN NAME Mary Curtis

14. NAME OF HUSBAND OR WIFE Ernest Clemens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT University Med. Center Medical Records Address

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) CARDIOVASCULAR COLLAPSE — INTERVAL BETWEEN ONSET AND DEATH 1 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PERITONITIS — 4 days
DUE TO (c) APPENDICEAL ABSCESS — 10 days

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 9-2-63, to 9-17-63 and last saw her/him alive on 9-17-63
Death occurred at 9 00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur L. Crost MD. (Degree or title)

22b. ADDRESS UMMC

22c. DATE SIGNED 9-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-18-63

23c. NAME OF CEMETERY OR CREMATORY Clear Creek

23d. LOCATION (City, town, or county) Daviess County Mo (State)

24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. Sept 18, 1963

26. REGISTRAR'S SIGNATURE Mrs R.E. Palmore

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 George P. Kirby

Licensed Embalmer No. 4752

P. O. Address Columbia 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.