

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022152
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 291

FILED JUL 15 1958

5. 300
1-57
/

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cowgill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1525 So. Osage</u>		Length of stay in lb <u>2 wks.</u>	d. STREET ADDRESS (If outside, give location) <u>Unknown</u>

3. NAME OF DECEASED (Type or print) First <u>ELIZABETH</u> Middle <u>ANN</u> Last <u>CLEVINGER</u>			4. DATE OF DEATH Month <u>July</u> Day <u>8</u> Year <u>1958</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 3, 1869</u>	9. AGE (In years last birthday) <u>89</u>	FUNDER 1 YEAR Months <u>21</u> Days <u>9</u> Hours <u>40</u> Min.	IF UNDER 24 HRS. Hours <u>21</u> Min.
----------------------	-------------------------------	--	---	--	--	--

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 <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Excelsior Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Bartlett Sisk</u>	13b. MOTHER'S MAIDEN NAME <u>Arena Grace</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie C. Clevenger-Dec*</u>
--	---	--

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>Mrs. Beulah Walker, 110 No. Askew, K.C., Mo.</u>
--	--	---

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>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fracture of surgical neck Femur</u>	
	DUE TO (c) <u>(9) 9040</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u>C13</u>
---	--

20c. TIME OF INJURY Hour <u>10:45</u> Month, Day, Year <u>7-9-58</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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.) <u>Cowgill, Missouri</u>	20f. CITY, TOWN, OR LOCATION <u>Cowgill, Missouri</u>
--	---	--	--

21. I attended the deceased from <u>June 10/58</u> to <u>June 10/58</u> and last saw her alive on <u>June 10/58</u> Death occurred at <u>1045 F.M.</u> in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Jalvinia D.W.</u> (Degree or title)	22b. ADDRESS <u>Braymer, Mo.</u>	22c. DATE SIGNED <u>7/9/58</u>
---	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 10, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>
---	-----------------------------------	---	---

24. FUNERAL DIRECTOR <u>Pitts Funeral Home, Braymer, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>7-9-58</u>	26. REGISTRAR'S SIGNATURE <u>Jessie C. Clevenger</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 *C. Ray Louderback*

Licensed Embalmer No. *5027*

P. O. Address *Indep., Md.*

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.