

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34419

State File No. _____

FILED NOV 1 1955

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 8057 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Richmond</u>	c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY OR TOWN <u>Richmond</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>221 North Shaw</u>		e. STREET ADDRESS (If rural, give location) <u>221 North Shaw #8910</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>(N)</u> c. (Last) <u>CLEVENGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>December 26, 1867</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>28</u>	Hours <u></u>	Min. <u></u>
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>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>George Miel</u>	13b. MOTHER'S MAIDEN NAME <u>anna barbara miller</u>	14. NAME OF HUSBAND OR WIFE <u>Halma L. Clevenger</u>
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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'S SIGNATURE OR NAME <u>Mrs. Pearl Hendon</u>	ADDRESS <u>Richmond Mo.</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Three days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ray</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 22, 1955, to Oct. 24, 1955, that I last saw the deceased alive on Oct. 23, 1955, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sharon D. Gosh M.R.</u>	23b. ADDRESS <u>112 1/2 W. Main</u>	23c. DATE SIGNED <u>Oct. 25, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caugill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caugill, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 23 - 1955</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>248ST-LIKE FUNERAL HOME</u>	ADDRESS <u>Richmond, Missouri per. Pearl White.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

23

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 

Licensed Embalmer No. 406

P. O. Address 

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.