

5. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12363**

19 APR 21 1952

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **47**

1242
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Rain	
b. CITY (If outside corporate limits, write RURAL and give town) Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) RURAL, Fishing River	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 3 miles South East, Ex Spg Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION SHARP NURSING HOME, 101 Fisher			

3. NAME OF DECEASED (Type or Print) a. (First) BLUFORD b. (Middle) JASPER c. (Last) CLEVENGER			4. DATE OF DEATH (Month) (Day) (Year) Mar. 31 1952	
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 31st 1873		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months 7 Days 0 IF UNDER 24 HRS. Hours 0 Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ray County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Moses Clewenger		13b. MOTHER'S MAIDEN NAME Harriet Loyd		14. NAME OF HUSBAND OR WIFE Cora Alice Clewenger	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Cora Alice Clewenger, RFD 2, Ex Spg		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident				INTERVAL BETWEEN ONSET AND DEATH 3/29/52	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anterobacilin - Anuridic Fluorid - year					
		DUE TO (b)					
		DUE TO (c)					
		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **10-11**, 19**40**, to **3/31**, 19**52**, that I last saw the deceased alive on **3/31**, 19**52**, and that death occurred at **3 p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Regina B. Roberson		23b. ADDRESS Excelsior Springs Mo		23c. DATE SIGNED 3/12/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 2, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Ray County Mo	
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DATE REC'D BY LOCAL REG. 4/12/52		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS St. Joseph Ex. Spg. Mo	
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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
Student Embalmer

Signed Beverly Lee

Licensed Embalmer No. 4864

P. O. Address 10 9 1/2 N. Main Ex. 1310

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 this body is not embalmed, fact should be so stated above.