

No. 300  
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FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25611

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 2012 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>EXCELSIOR SPRINGS</u>	c. LENGTH OF STAY (in this place) <u>2 da.</u>	c. CITY OR TOWN <u>RR#2 LAWSON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>5 1/2 EAST + SOUTH OF LAWSON, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u> b. (Middle) <u>LEE</u> c. (Last) <u>CLEVENGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 22 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 25 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days <u>68</u>	IF UNDER 24 HRS. Hours Min. <u>68</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>VIBBARD, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ELIAS M. CLEVENGER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. GANT</u>	14. NAME OF HUSBAND OR WIFE <u>MYRLE M. 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>MYRLE M. CLEVENGER</u>	ADDRESS <u>RR#2 LAWSON 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES <u>with multiple metastases</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>		

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) m.	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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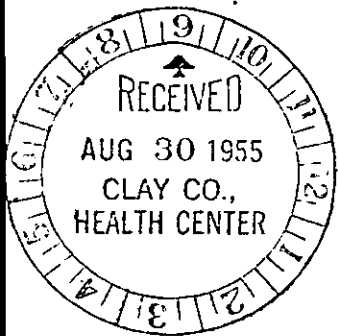
22. I hereby certify that I attended the deceased from 20 Aug, 1955, to 22 Aug, 1955, that I last saw the deceased alive on 22 Aug, 1955, and that death occurred at 6:45 p.m., from the cause and on the date stated above.

23a. SIGNATURE <u>Ralph L. Nicholson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>116 South St. Excelsior Springs, Mo</u>	23c. DATE SIGNED <u>8/23/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD UNION</u>	24d. LOCATION (City, town, or county) (State) <u>5 1/2 MI EAST OF LAWSON MO</u>
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DATE REC'D BY LOCAL REG. <u>8/26/55</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PRICHARD FUNERAL HOME</u>	ADDRESS <u>EX. SPRINGS MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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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.....  
Signature of Student Embalmer

Signed *Ralph E Van Landingham*

Licensed Embalmer No. *400*  
P. O. Address *Excelsior Springs, 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.