

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23070

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 108

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| 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>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> | |
| c. LENGTH OF STAY (in this place) <u>1 YR.</u> | | d. STREET ADDRESS (If rural, give location) <u>West Broadway</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Broadway</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u> b. (Middle) <u>CLEVENGER</u> c. (Last) <u>CLEVENGER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1950</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>April 17, 1882</u> | 9. AGE (In years last birthday) <u>68</u> Months <u>3</u> Days <u>19</u> | 10. UNDER 1 YEAR Hours <u>19</u> Min. |
|--------------------|-------------------------------|---|--|--|---------------------------------------|

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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 (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Gordon Clevenger</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Lisk</u> | 14. NAME OF HUSBAND OR WIFE <u>Trinie Bell Clevenger</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>48-30-0234</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Livingston</u> ADDRESS <u>Excelsior Springs, 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, asphemia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma- Pancreas.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>157X</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Metastasis of liver and gallbladder.</u> | | |

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| 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 7-28-50, 1950, to 8-6-, 1950, that I last saw the deceased alive on 8-6-, 1950, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>K. Baird</u> (Degree or title) | 23b. ADDRESS <u>Excelsior Springs, Missouri</u> | 23c. DATE SIGNED <u>8-7-50</u> |
|--|---|--------------------------------|

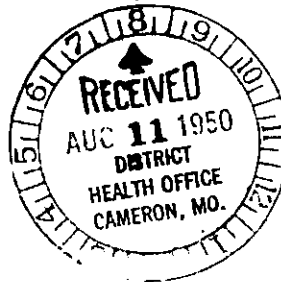
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|--|-------------------------|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/9/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | 24d. LOCATION (City, town or county) (State) <u>Excelsior Springs, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>8/9/50</u> | REGISTRAR'S SIGNATURE <u>Baroline Ditching</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 16 1950



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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Indian Springs

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.