

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33326

BIRTH NO.		REG. DIST. NO. 41		PRIMARY REG. DIST. NO. 3012		Registrar's No. 104	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. LENGTH OF STAY (In years, months, and days) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		d. STREET ADDRESS (If rural, give location) 626 North Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 626 North Main				d. STREET ADDRESS (If rural, give location) 626 North Main			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Clevenger c. (Last) Clevenger			4. DATE OF DEATH (Month) (Day) (Year) Sept 27, 1954				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 26 1878	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		11. BIRTHPLACE (State or foreign country) Near Brunswick Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Near Brunswick Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Elliott Clevenger			13b. MOTHER'S MAIDEN NAME Fannie Walker		14. NAME OF HUSBAND OR WIFE Margaret Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 91-01-8769		17. INFORMANT'S SIGNATURE OR NAME Grace A. White		ADDRESS Excelsior Springs, Mo	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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"/>	
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) 331X		21. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Sept. 19 54 to 9/27, 19 54, that I last saw the deceased alive on 9/27/54, 19, and that death occurred at 10:30p from the causes and on the date stated above.							
23a. SIGNATURE D. M. Bracken				23b. ADDRESS Excelsior Springs Mo		23c. DATE SIGNED 9-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Excelsior Springs Mo	
DATE REC'D BY LOCAL REG. 9/30/54		REGISTRAR'S SIGNATURE Barbara Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Richard Funeral Home ADDRESS Excelsior Springs, Mo			

(Licensed Emballer's Statement on Reverse Side)

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

OCT 11 1958

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph C Van Landingham

Signed.....
Student Embalmer

Licensed Embalmer No. *4069*

P. O. Address *Exeter 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.