

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2431**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3057** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Richmond		c. CITY OR TOWN rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 months		e. STREET ADDRESS (If rural, give location) 5 miles S.W. Elkhorn, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 251 Cunningham Street			
3. NAME OF DECEASED a. (First) William b. (Middle) Henry c. (Last) Clevenger			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 14, 1868
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 4 Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Pitman Clevenger		13b. MOTHER'S MAIDEN NAME Emily Lovd	14. NAME OF HUSBAND OR WIFE

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. None	17. INFORMANT'S SIGNATURE OR NAME Eugene Revburn, Richmond, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of cerebral arteries		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalised		15 years
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 None	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from: **3/7**, 19**53**, to **1/18**, 19**54**, that I last saw the deceased alive on: **1/18**, 19**54**, and that death occurred at **7:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE: M. L. Masterson, M.D. (Degree or title)	23b. ADDRESS: Richmond, Mo.	23c. DATE SIGNED: 1/21/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-1954	24c. NAME OF CEMETERY OR CREMATORY Siegel Cemetery
24d. LOCATION (City, town, or county) Ray County, Mo.		(State)

DATE REC'D BY LOCAL REG. Jan 21 - 1954	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Thompson, 21

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.....
Thomas J. Carter

Licensed Embalmer No. 44

P. O. Address Richmond

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.