

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

516

State File No.

REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5882 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Shanee</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Shanee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1 mile North of New Wells</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMORY</u> b. (Middle) <u>Grant</u> c. (Last) <u>Clodfelter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 16, 1868</u>
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>
13a. FATHER'S NAME <u>Leonard Clodfelter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Joder</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Henderson</u> ADDRESS <u>New Wells</u>
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, general</u> 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 <u>4221</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>Feb. 15</u> , 19 <u>39</u> , to <u>Feb. 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 4</u> , 19 <u>49</u> , and that death occurred at <u>10:00 A</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Theodore Fischer M.D.</u> 23b. ADDRESS <u>Attenburg, Mo</u> 23c. DATE SIGNED <u>2-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>1 mile E. Pocaahontas Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 8-49</u>		REGISTRAR'S SIGNATURE <u>D. G. Schubert</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred. Kahmert</u> ADDRESS <u>New Wells Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
County File Number 249-218
Date filed 2-14-49

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 _____

Licensed Embalmer No. 3057

P. O. Address Jacksonville, Fla.

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.