

S. No. 2  
-9-4-41  
5-17-39

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9712**

FILED MAR 30 1948

Registration District No. **275**

Primary Registration District No. **5942**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County **Phelps**  
(b) City or town **Rural - Roca Imp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Edgar Star Route - Rolla**  
(not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **Life** / \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Edgar Springs Star Rt. - Rolla**  
(If exact give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SAMUEL F. CLARK**

3. (b) If veteran, name war **W.W. 1** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Jan. 29 1883**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Edgar Springs Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Joseph Clark**

13. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Berilda Phelps**

15. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Karr**

(b) Address **Edgar Star Rt. - Rolla**

17. (a) **Burial** (b) Date thereof **2-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smith Cemetery**

18. (a) Signature of funeral director **Hull & Sons F. W.**

(b) Address **Rolla, Mo.**

19. (a) **3-25-48** (b) **Nadine L. Stoll**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**  
year **1948** hour **10** minute **15** AM

21. I hereby certify that I attended the deceased from **Nov 15**  
**1947** to **Feb 24**, 19**48**

that I last saw him alive on **Feb 23**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coriatic and  
Renal insufficiency &  
suffocatory**  
Due to **Generalized arteriosclerosis  
& Mitral failure**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **13313**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **Richard C. Myers** (M. D. or other) **Dr.**  
Address **Newburg, Mo.** Date signed **Feb 26 48**

261948  
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Officer,  
Number  
Date Filed 3-29-48

2 1948

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *[Handwritten Signature]*.....  
Licensed Embalmer No..... *3394*.....  
P. O. Address..... *Roller Mrs*.....

**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.