

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25342

National Office of Vital Statistics

State File No. ....

FILED AUG 18 1948

Registration District No. ....

Primary Registration District No. 4001

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Novinger  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Novinger, Missouri  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether

In this community  
 years, months or days

3. (a) PRINT FULL NAME Claude C. Clark

3. (b) If veteran,  
 name war W. W. 1

3. (c) Social Security No.

4. Sex M Color or race W

6. (a) Single, widowed, married,  
 divorced Married

6. (b) Name of husband or wife Lula B. Clark

6. (c) Age of husband or wife if  
 alive 54 years

7. Birth date of deceased July 25 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	0	16	hr. min.

9. Birthplace Locoda Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

12. Name Laurance Clark

13. Birthplace Grundy Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Christman

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

16. (a) Informant Mrs. Lula B. Clark

(b) Address Novinger, Missouri

17. (a) Burial (b) Date thereof 8/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Greencastle, Mo  
(Specify type of place)

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Missouri

19. (a) 8-12-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
 (c) City or town Novinger, Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. None  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11  
 year 1948 hour 7 minute a M.

I hereby certify that I attended the deceased from 1947 to Aug 11, 1948  
 that I last saw him live on Aug 7 and that death occurred on the date and hour stated above. 1948

Immediate cause of death Acute Myocardial Infarction

Duration one year

Due to ✓

Due to ✓

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations ✓

Of autopsy none

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? ✓  
(Specify type of place)  
 While at work? ✓ (e) Means of injury ✓

23. Signature H. P. Garrison M.D.  
 Address Novinger, Mo. Date signed Aug 11-48

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

27  
39

AUG 20 1948

RECEIVED

District Health Officer No. 10

District File Number 248-145

Date Filed AUG 17 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.....

Jack L. Dooley

Registered Apprentice No. 222

working under my personal supervision.

Signed.....

*D. W. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville, Mo.

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.