

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1948

5135

39

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: Butler

(a) County, Butler

(b) City or town, Fiske (5 miles south of town)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution, Wp. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, New Madrid

(c) City or town, Rural Route 1
(If outside city or town limits, write "RURAL")

(d) Street No., Portageville
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Newton Clark

3. (b) If veteran, name war, XX

3. (c) Social Security No., XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23
year 1948 hour 3:22 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 1948, to _____, 1948,
that I last saw him alive on NOV 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death, Cerebral metastatic

Due to _____

Due to _____

Other conditions, (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations, _____

Of autopsy, _____

4. Sex, male

5. Color or race, white

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

6. (b) Name of husband or wife, Edna Clark, desc.

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

7. Birth date of deceased: May 17 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>6</u>	hr. _____ min _____

9. Birthplace, Troy Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation, retired farmer

11. Industry or business _____

12. Name, Benjamin Clark

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

14. Maiden name, don't know

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

16. (a) Informant, Mrs. Bob Mattingly

(b) Address, Rt 1 Portageville, Mo.

17. (a) Burial (b) Date thereof, 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Mounds - Hickman Mo

18. (a) Signature of funeral director, A. L. Lisle, Funeral Parlor

(b) Address, Portageville, Mo.

19. (a) 1-29-49 (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

Signature, F. B. Seitzinger M. D. DO

Address, Fiske, Mo. Date signed, 11/25/48

RECEIVED

District Health Office No.

District File Number 149-16

Date Filed 1-31-4

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

Joseph A. St. John

Licensed Embalmer No. 7481

P. O. Address *Wagonsville 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.

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.
 Registrar's No.

BIRTH NO. REG. DIST. NO. 5035 PRIMARY REG. DIST. NO. 273J

1. PLACE OF DEATH a. COUNTY <u>Butler</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> c. LENGTH OF STAY (in this place) <u> </u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u> </u> b. COUNTY <u> </u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u> </u> d. STREET ADDRESS (If rural, give location) <u> </u>	
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3. NAME OF DECEASED (Type or Print) <u>Henry N. Clark</u> a. (First) <u>Henry</u> b. (Middle) <u>N.</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-48</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>5-17-65</u>	9. AGE (In years last birthday) <u> </u>	If under 1 year: (Month) (Day) (Hour) (Min.) <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> </u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (State or foreign country) <u> </u>	

13a. FATHER'S NAME <u> </u>	13b. MOTHER'S MAIDEN NAME <u> </u>	13c. NAME OF HUSBAND OR WIFE <u> </u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u> </u>
		ADDRESS <u> </u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above outlet (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of ascending colon</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>
19a. DATE OF OPERATION <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u> </u>	23b. ADDRESS <u> </u>	23c. DATE SIGNED <u> </u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u>	24b. DATE <u> </u>	24c. NAME OF CEMETERY OR CREMATORY <u> </u>
		24d. LOCATION (City, town, or county) (State) <u> </u>
DATE REC'D BY LOCAL REG. <u> </u>	REGISTRAR'S SIGNATURE <u> </u>	25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>
		ADDRESS <u> </u>

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SUPPLEMENTARY

S-42378