

FILED FEB 9 1949 STANDARD CERTIFICATE OF DEATH

State File No. 1939

69
22

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MONROE, LA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>WEST PARIS</u>	
3. NAME OF DECEASED a. (First) <u>HAYDEN</u> b. (Middle) <u>M</u> c. (Last) <u>CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 4 1880</u>
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>9</u>	11. DAYS <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>SCOTT CLARK</u>	
13b. MOTHER'S MAIDEN NAME <u>AMANDA BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA CLARK</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>CHARLIE CLARK</u> ADDRESS <u>Box 102 PARIS, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>most April 1948</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1948</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis - cardiac - fibrous</u>			
DUE TO (c) _____			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Tumor was removed in April</u>		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) <u>Paris Monroe Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>April</u> , 1949, to <u>JAN 27</u> , 1949, that I last saw the deceased alive on <u>JAN 27</u> , 1949, and that death occurred at <u>7:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William S. Christman</u> (Degree or title) _____		23b. ADDRESS <u>Box 102 PARIS, Mo.</u>	23c. DATE SIGNED <u>1-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>W.M.N.E. PARIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 4, 1949</u>	REGISTRAR'S SIGNATURE <u>Elbert Baker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Blakey By E. H. Agnew</u> ADDRESS <u>PARIS, MO.</u>	

RECEIVED

District Health Officer No. 10

District File Number 2-49-264

Date Filed FEB 8 1949

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.