

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4351

4351

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>45</u>			
1. PLACE OF DEATH a. COUNTY <u>cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeff City Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manes, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Marys Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED a. (First) <u>RANSON</u> (Type or Print)			b. (Middle) <u>D.</u>		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar 24th 1884</u>		9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <u>63 6 10 27</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>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Rayborn Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Clark</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Tucker Clark</u>			14. NAME OF HUSBAND OR WIFE <u>SINDA CLARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Clark Manes, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacillus bilioy ducto</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155A</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>2/12, 1949</u> , to <u>2/23, 1949</u> , that I last saw the deceased alive on <u>2/22, 1949</u> , and that death occurred at <u>3:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Luett B. Supabahn M.D.</u>				23b. ADDRESS <u>503 E High, Jefferson City</u>			23c. DATE SIGNED <u>Feb. 23 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 23 1949</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - Richter</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Kussel</u>			ADDRESS <u>Darben, Mtn. Grove</u>		

RECEIVED

District Health Officer No. 9,

District File Number

MAR 3 1949

Date Filed

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Russell Barber

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3848

P. O. Address _____

Notw Grove, N.C.

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.