No. 300
10.48

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11839

24 / 1

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 42

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place): 57 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 Isley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clay 24
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 1
d. STREET ADDRESS (If rural, give location): 811 Isley 0

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): MARTIN
c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1949

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 6, 1892
9. AGE (In years last birthday): 56 0
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Excelsior Springs, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lee Martin
13b. MOTHER'S MAIDEN NAME: Martha Samples
14. NAME OF HUSBAND OR WIFE: Willis E. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487-12-0033
17. INFORMANT'S SIGNATURE OR NAME: Willis E. Clark, Ex. Spgs.
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General Metastasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of uterus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unknown

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Exploratory operation University of Kansas Hosp/
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/18/49, 19__, *to* 4/9, 1949, *that I last saw the deceased alive on* 4/9, 1949, *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S R McCraskey O.M.D.
23b. ADDRESS: Excelsior Springs, Mo
23c. DATE SIGNED: 4/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1949
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 4/11/49
REGISTRAR'S SIGNATURE: Caroline Hutchings 63
25. FUNERAL DIRECTOR'S SIGNATURE: Virgil Hope
ADDRESS: Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-22-49

MAY 11 1949

MAY 2 1951

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.

Signed James A. Moles

Signed .....
Student Embalmer

Licensed Embalmer No. 3296.

P. O. Address Ely Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.