

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11864**BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY CLINTON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLINTON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron MO.		c. LENGTH OF STAY (in this place) 3 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron MO. 25		d. STREET ADDRESS (If rural, give location) KeyStone Dist. 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 1/2 EAST Fourth					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) DAVID c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) May 5 1949		
5. SEX M. O.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 25 1893	9. AGE (In years last birthday) 56	10. MONTHS 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM.	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Don Clark		13b. MOTHER'S MAIDEN NAME Anne Franklin	14. NAME OF HUSBAND OR WIFE Beatrice Jew. 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. _____	17. INFORMANT'S SIGNATURE OR NAME Beatrice Jew. Clark 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis - non-specific 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 4222
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 6-15 , 19 49 , to 5-5 , 19 49 , that I last saw the deceased alive on 5-4 , 19 49 , and that death occurred at 8:20 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) K. C. Miller M.D.			23b. ADDRESS Cameron MO		23c. DATE SIGNED 5-5-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-19-49	24c. NAME OF CEMETERY OR CREMATORY Packard	24d. LOCATION (City, town, or county) (State) Cameron MO		
DATE REC'D BY LOCAL REG. 5-5-49	REGISTRAR'S SIGNATURE Winifred W. Moser	3925 FUNERAL DIRECTOR'S SIGNATURE Edward Paul Home		ADDRESS 224 W 3 Cameron MO	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 318

working under my personal supervision.

Signed

Robert F. Palau
Student Embalmer

Signed

George R. Vennell

Licensed Embalmer No. 4425

P. O. Address 224 Fred St
Cameron, Ark

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.