S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16386

BIRTH NO. _____ REG. DIST. NO. ~~5594~~ 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOUSE SPRINGS 1
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOUSE SPRINGS, MO. RT. #1 BOX 204

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JEFFERSON 50
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOUSE SPRINGS 0
d. STREET ADDRESS (If rural, give location) ROUTE #1, BOX 204 0

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Frank
c. (Last) Clark Jr

4. DATE OF DEATH (Month) (Day) (Year) MAY 6TH 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 5
8. DATE OF BIRTH JULY 31ST 1904
9. AGE (In years last birthday) 44 — 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) SERVICE MANAGER
10b. KIND OF BUSINESS OR INDUSTRY KENNEDY HEATING Co
11. BIRTHPLACE (State or foreign country) ELSBERRY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME JOHN FRANK CLARK, SR.
13b. MOTHER'S MAIDEN NAME MINNETTE M. GARDNER
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-01-9097
17. INFORMANT'S SIGNATURE OR NAME MARY HELEN CLARK, 3051 ROLLA PL. ADDRESS ST. LOUIS MISSOURI

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

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. — 422

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* May 6th, 1949, *to* May 6th, 1949, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) T. B. Edwards M.D.
23b. ADDRESS Cedar Hill Mo
23c. DATE SIGNED 5/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL-MOTOR
24b. DATE 5-10-49
24c. NAME OF CEMETERY OR CREMATORY RIVERSIDE CEMETERY
24d. LOCATION (City, town, or county) LOUISIANA, MISSOURI. (State)

DATE REC'D BY LOCAL REG. May 11-49
REGISTRAR'S SIGNATURE Phil J. Kirk 145
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fuchs 4828 Nat Bridge ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WILLOW 23231

MAY 24 1949

RECEIVED
District Health Officer No. 9,
District File Number MAY 14 1949
Date Filed

MAY 14 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.

Signed John A. McNair

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

Signed _____
Student Embalmer

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.