

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25810

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BERNIE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BERNIE</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VINA</u> b. (Middle) _____ c. (Last) <u>CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7, 1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>20</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Vina Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>Charlie Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Clark</u> ADDRESS <u>Bernie, Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input 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 January 29, 1944, to June 27, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. O. Keller D.O.</u>	23b. ADDRESS <u>Bernie, Mo.</u>	23c. DATE SIGNED <u>7-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-6-1949</u>	REGISTRAR'S SIGNATURE <u>Nelma M. Gankus</u>	409	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert E. Green</u> ADDRESS <u>Bernie, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Office No. 2

District File Number

Cert. Filed JUL 11 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

J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.