

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26748

BIRTH NO. _____		REG. DIST. NO. <u>137</u>	PRIMARY REG. DIST. NO. <u>4218</u>	Registrar's No. <u>196</u>
1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Windsor Twsp.</u>		
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 3, Windsor</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Clifton</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 29 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 8, 1863</u>	9. AGE (In years last birthday) <u>86</u>
			<u>1</u> MONTHS	<u>21</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Hopkinsville, Kentucky/</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John W. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie E. Mayfield</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Walkup Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Wooldridge, Windsor, Mo.</u>	
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) <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</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>Hypertension and Arteriosclerosis</u>		<u>5/2X</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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>Aug. 16, 1949</u> , to <u>Aug. 25, 1949</u> , that I last saw the deceased alive on <u>Aug. 29, 1949</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J.A. Blackmore, M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>8-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 3-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston-Turner, Windsor, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 8-49-10

Date Filed 9-7-49

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Hinder, Mo.

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.