

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33340**

FILED OCT 27 1949

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 705 W 3rd St		d. STREET ADDRESS (If rural, give location) 705 W 3rd St	
3. NAME OF DECEASED a. (First) Sarah b. (Middle) Elsabeth c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) 10 20 49
5. SEX Female	6. COLOR OR RACE W	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) Widow	8. DATE OF BIRTH Nov 8 - 1848
9. AGE (In years last birthday) 100		IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Caldwell Co MO
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Wm Hamilton Crawford	
13b. MOTHER'S MAIDEN NAME Elizabeth A. Kerrin		14. NAME OF HUSBAND OR WIFE Thomas Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME C.H. Kistley ADDRESS Cameron, Mo.
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Angina Pectoris ANTECEDENT CAUSES DUE TO (b) Coronary Arteriosclerosis DUE TO (c) age 2. 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
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 Oct 19th, 1949 , to Oct 20th, 1949 , that I last saw the deceased alive on 10-20, 1949 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles H. Kistley M.D.		23b. ADDRESS Cameron Mo	23c. DATE SIGNED 10/20/1949
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-24-49	24c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery	24d. LOCATION (City, town, or county) (State) Cameron MO
DATE REC'D BY LOCAL REG. 10-21-49	REGISTRAR'S SIGNATURE Winnifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home ADDRESS Cameron	

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 _____

Robert H. Roland

Student Embalmer No. 318

working under my personal supervision.

Signed *Robert H. Roland*
Student Embalmer

Signed *George B. Hammett*

Licensed Embalmer No. 4425

P. O. Address 25 West St

Cameron, Md

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.