

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1949

State File No. 37173
4862

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 48	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 31 yrs.		d. STREET ADDRESS (If rural, give location) 24 E. 7 St. 12 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) David A. Clark			4. DATE OF DEATH (Month) (Day) (Year) 11 15 1949			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 2/6/75	9. AGE (In years last birthday) 74	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) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Ed's Lunch		11. BIRTHPLACE (State or foreign country) Boonville, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James M. Clark		13b. MOTHER'S MAIDEN NAME Josephine E. Holtzman		14. NAME OF HUSBAND OR WIFE Ada M. Gabriel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 199-24-9350		17. INFORMANT'S SIGNATURE OR NAME Mrs. William Mc Call	
				ADDRESS Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
		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 checked="" 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) (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 Nov. 8, 1949, to Nov. 15, 1949, that I last saw the deceased alive on Nov. 15, 1949, and that death occurred at 6:04P m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title)		23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 11-16-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Missouri	
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DATE REC'D BY LOCAL REG. 11-16-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS K.C., Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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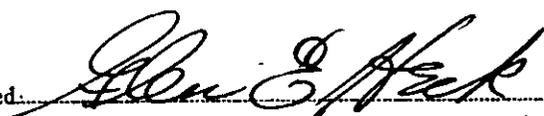
STATEMENT BY LICENSED EMBALMER

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:  _____

Licensed Embalmer No. 4063

P. O. Address. 15. C. New

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.