

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40081

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 397

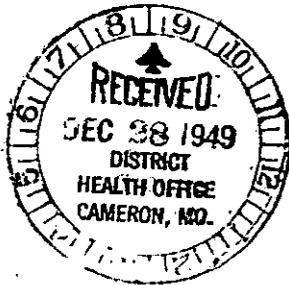
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>	
		d. STREET ADDRESS (If rural, give location) <u>1 h</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u> b. (Middle) <u>MASON</u> c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-28-1877</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>	
11. BIRTHPLACE (State or foreign country) <u>SAVANNAH</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Absolom CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA Cobb</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lillian CLARK</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian 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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Clark Savannah, Mo</u>		ADDRESS <u>Savannah, 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>Fibrocystic Lung Disease</u> ANTECEDENT CAUSES <u>With partial paresis of atleticus</u> 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 2 mo</u>	
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 <u>Jan 5</u> , 19 <u>49</u> , to <u>Dec. 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 23</u> , 19 <u>49</u> , and that death occurred at <u>2 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lillian B. Kellen</u>		23b. ADDRESS <u>Savannah, Mo</u>	
23c. DATE SIGNED <u>12-23-49</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-26-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>	
DATE REC'D BY LOCAL REG. <u>12-24-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Clark</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit</u>		ADDRESS <u>Funeral Home SAVANNAH MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

D
NO

FEB 7 1950



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

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Lavacook 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.

2650-11-21