

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42205**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 437

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington		c. CITY (If outside corporate limits, write RURAL and give township) Essex	
c. LENGTH OF STAY (In this place) 5Y; 8M; 4D.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) D.	
c. (Last) CLARK		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 17, 1876
9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months 10 Days 8	
11. IF UNDER 24 HRS. Hours 8 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Crawford County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard M. Clark		13b. MOTHER'S MAIDEN NAME Laura B. Hill	
14. NAME OF HUSBAND OR WIFE Della Bagant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia			
INTERVAL BETWEEN ONSET AND DEATH 48 Hrs.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov. 5, 1948 to Nov. 25, 1949 , that I last saw the deceased alive on Nov. 25, 1949 , and that death occurred at 12:05 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John B. Brennan, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.	
23c. DATE SIGNED 11-28-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-28-49	
24c. NAME OF CEMETERY OR CREMATORY Wilkin Cemetery		24d. LOCATION (City, town, or county) (State) Licking Twp., Crawford Co., Mo.	
DATE REC'D BY LOCAL REG. Dec. 9, 1949		REGISTRAR'S SIGNATURE Ether Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Marion E. Marshall		ADDRESS Oblong, Illinois	

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

RECEIVED 12-12-49
Licensing Officer No. 4
License Number 1249-163
Date

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 _____

C. Cozen

Licensed Embalmer No. _____

4084

P. O. Address _____

Farrington

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.