

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3746**

2020
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5013 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) 713 Robidoux	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 miles West Sev. # 275			
3. NAME OF DECEASED (Type or Print) a. (First) DALE		b. (Middle) RALPH	
		c. (Last) CLARK	
4. DATE OF DEATH (Month) (Day) (Year) Feb 27 50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 24 June 1904
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR 8 3	IF UNDER 24 HRS. 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paris Texas
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Elsie Clerk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Clerk 713 Robidoux St Joe			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from vena cava. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 22 long rifle bullet wound. 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.	
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) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lincoln township, Andrew, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 27 1950 6:15 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Shot while robbing farmhouse.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.S. Maxwell, D.O., Colonel		23b. ADDRESS 307 W. Main, Savannah, Mo.	
23c. DATE SIGNED 3/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3 March 50	
24c. NAME OF CEMETERY OR CREMATORY Savannah		24d. LOCATION (City, town, or county) (State) Savannah Mo.	
DATE REC'D BY LOCAL REG. 3-3-50		REGISTRAR'S SIGNATURE Lillian Sparks	
25. FUNERAL DIRECTOR'S SIGNATURE Lillian Sparks		ADDRESS Savannah Mo.	



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.

Signed L. Dean Coe

Signed _____
Student Embalmer

Licensed Embalmer No. 4670

P. O. Address Savannah 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.