

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4076

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u> <u>6130</u>	
c. LENGTH OF STAY (in this place) <u>43 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>210 E Berry</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 E Berry</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Elsworth</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>12</u> <u>1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 29 1862</u>	9. AGE (In years last birthday) <u>87</u> Months <u>3</u> Days <u>13</u> Hours <u>-</u> Min. <u>-</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	11. BIRTHPLACE (State or foreign country) <u>Stafford Springs, Conn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Aurelia Eldridge</u>	14. NAME OF HUSBAND OR WIFE <u>Zellie Austin Clark</u>
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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>- - -</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Merle Fuller</u> ADDRESS <u>Deer House, Jona</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		109m.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis.</u> DUE TO (c) <u>Chronic Myocarditis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis.</u>			<u>592A</u>

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1946, to Feb. 12, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. M. Deacy M.D.</u>	23b. ADDRESS <u>Hamilton, Mo.</u>	23c. DATE SIGNED <u>2/14/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>Feb. 14 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Care</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 16 1950 Gladys Jones</u> 37	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brown Funeral Home</u> ADDRESS <u>Hamilton</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

P130
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MAR 17 1950

JUN 18 1951

SEP 29 1951

JUL 18 1955



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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

.....
Student Embalmer No.....

[Handwritten Signature]
Licensed Embalmer No. 3057

P. O. Address Hamilton 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.