

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5659

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3402</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>1606 East Broadway</u>	
c. LENGTH OF STAY (in this place) <u>5 wks</u>		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>Male</u>	
a. (First) <u>CRESTON</u>		b. (Middle) <u>MARTELL</u>		c. (Last) <u>CLARK</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>July 8, 1900</u>		9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	
11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Martel</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Hancock Clark</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War I</u>		16. SOCIAL SECURITY NO. <u>491-07-7366</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Clark</u> ADDRESS <u>1606 E. Brady Sedalia, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple peritoneal abscesses</u>				<u>3 weeks</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>3 weeks</u>	
		DUE TO (b) <u>Acute gangrenous appendicitis</u>					
		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 <u>Acute gangrenous appendicitis &amp; peritonitis</u>				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) <u>Sedalia Pettis Mo.</u>			
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>Feb 1</u> 19 <u>50</u> , to <u>Feb 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>50</u> , and that death occurred at <u>4</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John E. Lamy M.D.</u>				23b. ADDRESS <u>1117 1/2 St., Sedalia Mo.</u>		23c. DATE SIGNED <u>2-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/21/50</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Evans</u>		ADDRESS <u>Sedalia, Mo.</u>	

MAR 2 1950 MAR 6 1950

MAR 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 *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.