

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13881

BIRTH NO.		REG. DIST. NO. <u>W 31</u>	PRIMARY REG. DIST. NO. <u>4346</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Montgomery</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Clark</u>
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>
8. DATE OF BIRTH <u>12-5-1870</u>		9. AGE (In years last birthday) <u>79</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County</u>
13a. FATHER'S NAME <u>Henry Clemens</u>		13b. MOTHER'S MAIDEN NAME <u>Tina Reed</u>		14. NAME OF HUSBAND OR WIFE <u>C.L. Clark "Deceased"</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.I. Clark</u> ADDRESS <u>Columbia 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>CRUSHING</u>  ANTECEDENT CAUSES DUE TO (b) <u>HIT By Train</u> <u>Wabash #19 -</u> <u>Engine # 1001 A</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. Crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City Montgomery Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1 1950 10:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit By Train while Crossing Tracks</u>
22. I hereby certify that I attended the deceased <u>1 May</u> , 19 <u>50</u> , to <u>11:35 a.m.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Clemens W. Jones, Coroner</u>			23b. ADDRESS <u>Montgomery City Mo</u>	
23c. DATE SIGNED <u>2 May 50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem</u>
24d. LOCATION (City, town or county) (State) <u>Montgomery City Mo</u>				
DATE REC'D BY LOCAL REG. <u>5-6-50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Hopkins</u> ADDRESS <u>Montgomery City Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 1908

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, not CCB

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*C. W. Hopkins*

Student .....  
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.