

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17275

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 283

1. PLACE OF DEATH a. COUNTRY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> c. LENGTH OF STAY (In this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 2</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 6 1879</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William B. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie A. Watterman</u>	14. NAME OF HUSBAND OR WIFE <u>John Phelps Clark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bryan Clark Lebanon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 May 50</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
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) m.	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>9 May</u> , 19 <u>50</u> to <u>12 May</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12 May</u> , 19 <u>50</u> , and that death occurred at <u>2:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paula Jacobs MD</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>18 May 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-18-50</u>	REGISTRAR'S SIGNATURE <u>Stella L. Day</u> <u>424</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon, Mo.</u>	

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

537  
0

MAY 20 1960

Received .....

Laclede County Health Unit

File No. 5-50-85

Date Filed MAY 22 1960

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 *Dorsey M. Haive*

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.