

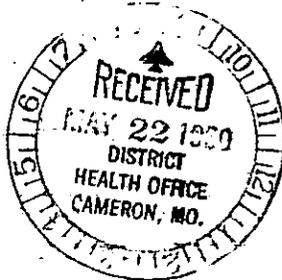
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17396**

BIRTH NO. **29065-50** REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		427 Webster	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Clark c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) 5-5-50	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Intact	8. DATE OF BIRTH 5-3-50
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chillicothe, Mo	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Harold Francis Clark	13b. MOTHER'S MAIDEN NAME Shirley Elaine McGhee	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harold Clark - Chillicothe Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.	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, asthma, etc. It means the disease, injury, or complication which caused death.		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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity due to		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placental maternal			
DUE TO (c) to m. pregnancy			
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 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 5-3-50 , 19 50 , to 5-5-50 , 19 50 , that I last saw the deceased alive on 5-5-50 , 19 50 , and that death occurred at 7:00 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D. Dowell, M. D.		23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 5/6/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Lakeside	24d. LOCATION (City, town, or county) (State) Sumner, Mo
DATE REC'D BY LOCAL REG. 5/6/50	REGISTRAR'S SIGNATURE Frances B Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Narciso B. Wright, Brookfield, Mo.	

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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.

Not embalmed

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.