

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19480**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington twm.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington twm. <u>0110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #7		d. STREET ADDRESS (If rural, give location) R. F. D. #7 <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Marshall b. (Middle) Hayden c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1950
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>✓</u>	8. DATE OF BIRTH Sept. 21, 1882
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker		10b. KIND OF BUSINESS OR INDUSTRY Nat'l. Biscuit Co.	11. BIRTHPLACE (State or foreign country) Ray County, Missouri <u>0</u>
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Hayden Clark		13b. MOTHER'S MAIDEN NAME Ann Rice	14. NAME OF HUSBAND OR WIFE Emma Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Homer Clark - St. Joseph, Missouri
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Chronic myocardi DUE TO (b) Chronic myocardi 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 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) 6-11	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 June 11, 1950 , to June 11, 1950 , that I last saw the deceased alive on 6-11 , 1950, and that death occurred at 4:00p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Collis Roundy M.D.		23b. ADDRESS Kerkspa Street Bldg	23c. DATE SIGNED June 16, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. June 19, 1950	REGISTRAR'S SIGNATURE E. C. Jenkins <u>382</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Missouri	

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

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.

Signed

Charles M. Herman

Signed.....

Student Embalmer

Licensed Embalmer No.

4487

P. O. Address

St Joseph

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.