

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20955

State File No. \_\_\_\_\_

FILED JUL 12 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4224 Registrar's No. 650

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscombica</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Tuscombica</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Osteopathic Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>(Equality Township)</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>L.</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 21 50</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>2-1-67</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James P. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Sisley Weimer</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Clark</u> ADDRESS <u>Tuscombica, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u> DUE TO (c) <u>Relapse</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2900</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan, 1940, to 2-21, 1950, that I last saw the deceased alive on 2-21, 1950, and that death occurred at 10:50 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphreys</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Tuscombica Mo.</u>	23c. DATE SIGNED <u>2-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Capps Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miller County Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 10-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard P. Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Steggs</u> ADDRESS <u>Merri, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-11-50

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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.

Signed

*Walter J. Neugebauer*

Signed

Student Embalmer

Licensed Embalmer No. 4265

P. O. Address *Berea, 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.