

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23235
Registrar's No. 130

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4196

I. PLACE OF DEATH

a. COUNTY Genesee Co

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barlingtton Rural 2 Wks

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION W. of Barlingtton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Colorado b. COUNTY Denver

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 45th St. Denver, Colorado

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First) ARMENIUS b. (Middle) MARY c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year) 6 30 1950

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3/16/1914 9. AGE (In years last birthday) 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) MOY KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joss D. Hahn 13b. MOTHER'S MAIDEN NAME Hattie Morphy 14. NAME OF HUSBAND OR WIFE ORVILLE H. 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 ORVILLE H. CLARK (Denver, Colo) ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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 NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 28th 1950, to June 30th 1950, that I last saw the deceased alive on June 29th 1950, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE Frank H. Rose D. MD (Degree or title) 23b. ADDRESS Albany Mo 23c. DATE SIGNED 6/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/1/50 24c. NAME OF CEMETERY OR CREMATORY FANNING & COMPANY 24d. LOCATION (City, town, or county) (State) FANNING KANSAS

DATE REC'D BY LOCAL REG. July 7-50 REGISTRAR'S SIGNATURE Edith Childs 430 FUNERAL DIRECTOR'S SIGNATURE Leroy F. Phillips ADDRESS Stouffville MO

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

Dr. Francis Rose



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 *Lester F. Phillips*.....

Licensed Embalmer No. *1898*.....

P. O. Address *Stoubergy, 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.