

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23271

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 659

5916  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CROCKER</u> <u>D856</u>	
c. LENGTH OF STAY (If in this place) <u>8 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>JANE</u> c. (Last) <u>CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 30, 1877</u>	9. AGE (In years last birthday) <u>72</u> OF UNDER 1 YEAR Months <u>11</u> Days <u>23</u> OF UNDER 1 WEEK Hours <u></u> Min. <u></u>
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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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willis Forbes</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Chadwell</u>	14. NAME OF HUSBAND OR WIFE <u>Barney Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BARNEY CLARK Crocker 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection right lung cause undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 weeks</u> <u>1/200</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart</u> DUE TO (c) <u>disease with aneurysm of aorta</u>		
	11. 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"/>
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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)
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 July 10, 1950, to July 23, 1950 that I last saw the deceased alive on July 23, 1950, and that death occurred at 11:07 P.m. from the causes and on the date stated above.

23a. SIGNATURE <u>W.D. Duncan M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield MO</u>	23c. DATE SIGNED <u>7-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-29-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Landry M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Keegan Crocker Mo.</u>
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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.

Student .....  
Student Embalmer

Signed Walter P. Nedges.....

Licensed Embalmer No. 4265.....

P. O. Address Theriot, 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.