

FILED SEP 5 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

26048

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 964

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 c. LENGTH OF STAY (If in this place) 2mo 6days
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Parkview N.H. 1006 Dewey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Worth
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) Daniel b. (Middle) F. c. (Last) Clark
 4. DATE OF DEATH (Month) (Day) (Year) Aug. 19 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 4/20/1870 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk 10b. KIND OF BUSINESS OR INDUSTRY Lumber yards 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Samuel R. Clark 13b. MOTHER'S MAIDEN NAME Elizabeth Ramsey 14. NAME OF HUSBAND OR WIFE Anna B. 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. unknown 17. INFORMANT'S SIGNATURE OR NAME Miss Dena Clark ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Intermittent Heart disease
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Fracture of Rt Hip
 DUE TO (c) Urinary Retention
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 6903

INTERVAL BETWEEN ONSET AND DEATH
Yrs.
2 Mo. 5. 17da
2 wks.

19a. DATE OF OPERATION 6-17-50 19b. MAJOR FINDINGS OF OPERATION Fracture of Hip 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grant City Worth Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2, 1950 3 P. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Mr. Clark fell at his home in Grant City

22. I hereby certify that I attended the deceased from 6-17-50 to death 8-19 1950, that I last saw the deceased alive on 8-19-50, 1950, and that death occurred at 8:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Andrews M.D. 23b. ADDRESS 902 Edmund St. 23c. DATE SIGNED 8-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8/19/50 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Grant City Missouri

DATE REC'D BY LOCAL REG. 8-26-50 REGISTRAR'S SIGNATURE E. B. Jenkins 3823 FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman Fun Home ADDRESS St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 379 S. 10th St. J. B.

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.