

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27583

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4328 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bertrand,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bertrand	
c. LENGTH OF STAY (In this place) 22 years		d. STREET ADDRESS (If rural, give location) Not Numbered	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) D.	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 29 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Operator	10b. KIND OF BUSINESS OR INDUSTRY Gasoline	11. BIRTHPLACE (State or foreign country) Don't Know	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Don't Know	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Maggie Clark
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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) Unknown	16. SOCIAL SECURITY NO. Don't Know	17. INFORMANT'S SIGNATURE OR NAME Maggie Clark ADDRESS Bertrand, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES probably aortic aneurysm Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH 1/22 1
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <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 **4-29, 1950** to **7-18, 1950**, that I last saw the deceased alive on **7-18, 1950**, and that death occurred at **11:10A** m., from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban, M.D. (Degree or title)	23b. ADDRESS Sikeston, Missouri	23c. DATE SIGNED 7/19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/21/50	24c. NAME OF CEMETERY OR CREMATORY Christopher Cemetery	24d. LOCATION (City, town, or county) (State) Christopher, Illinois
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DATE REC'D BY LOCAL REG. Sept 3-1950	REGISTRAR'S SIGNATURE Mrs. Rex Kilgore 439	25. FUNERAL DIRECTOR'S SIGNATURE Joe Gilbert ADDRESS Gilbert Mortuary Christopher,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3670

SEP 7 - REC'D

RECEIVED

Miss. Co. Health Dep

County File No. _____

Date Filed SEP 8 1950

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 Edward E. Nunneler

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.