

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29156**

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **4502** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico 1230
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle)	c. (Last) Clark
4. DATE OF DEATH (Month) (Day) (Year) 7 2 50		5. SEX F / W	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Aug 22 1873		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Bloomfield Missouri		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Andrew J. Moore		13b. MOTHER'S MAIDEN NAME Adalind Duncan	
14. NAME OF HUSBAND OR WIFE No Data		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arch Clark Puxico Missouri,	
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES 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 <input type="checkbox"/> NO <input type="checkbox"/>		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 <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 Apr 24, 1949 , to July 2, 1950 , that I last saw the deceased alive on June 24, 1950 , and that death occurred at 2 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature] (Degree or Title)		23b. ADDRESS Puxico	
23c. DATE SIGNED 7-5-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7 3 50		24c. NAME OF CEMETERY OR CREMATORY Rock Hill	
24d. LOCATION (City, town, or county) (State) Stoddard Duck Creek T.S.		DATE REC'D BY LOCAL REG. 7-6-50	
REGISTRAR'S SIGNATURE [Signature] 358		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mathews Service Puxico MO	

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

RECEIVED AUG 15 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 _____

Raymond L. Duffie

Student Embalmer No. 361

working under my personal supervision.

Student

Raymond L. Duffie
Student Embalmer

Signed

Walter Marsh Watkins

Licensed Embalmer No.

4717

P. O. Address

Dexter, 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.