

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33344**

FILED OCT 31 1950

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5521** Registrar's No. **30**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Hickory		a. STATE Missouri b. COUNTY Hickory	
b. CITY OR TOWN Wheatland Center Township		c. CITY OR TOWN Rural Center Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles S.E. of Wheatland		d. STREET ADDRESS (If rural, give location) 5 miles S.E. of Wheatland	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Henry	b. (Middle) Bennett	c. (Last) Clark	Oct 24-1950		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan 23-1908	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) Wheatland, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Kalmer Clark	13b. MOTHER'S MAIDEN NAME Antie Brown	14. NAME OF HUSBAND OR WIFE EVA Jones
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Antie Brown, Kristie, MO	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke in Brain		INTERVAL BETWEEN ONSET AND DEATH 1
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Center Hickory, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 24, 1950 12:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 12:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. E. Briggs, M.D., Coroner	23b. ADDRESS Wheatland, MO	23c. DATE SIGNED Oct 29, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-50	24c. NAME OF CEMETERY OR CREMATORY Holy Bened Cemetery	24d. LOCATION (City, town, or county) (State) Wheatland, MO
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DATE REC'D BY LOCAL REG. Oct 27-1950	REGISTRAR'S SIGNATURE W. P. Hargiss	25. FUNERAL DIRECTOR'S SIGNATURE Hubert Ottaway	ADDRESS Wheatland, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

1430
1

RECEIVED 10-30-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-30-50

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 *Chas Gilbert Hathaway*

Signed _____
Student Embalmer

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md*

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.