

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33384

0470  
5

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY OR TOWN <u>Rural-Acadia</u>		c. CITY OR TOWN <u>Rural-Acadia</u> 0470	
c. LENGTH OF STAY (in this place) <u>9 yrs-1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles East on Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for aged Baptists</u>			
3. NAME OF DECEASED a. (First) <u>Azenath</u> b. (Middle) <u>P.</u> c. (Last) <u>Clarke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 3, 1862</u>
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>8</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private homes</u>	11. BIRTHPLACE (State or foreign country) <u>Platte Co, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Thomas E. Clarke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Overbeck</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. J. Busbey, Ironton, Mo.</u> ADDRESS _____
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) <u>terminal bronchial pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>acute naso-pharyngitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>10-10</u> , 19 <u>50</u> , to <u>10-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>50</u> ; and that death occurred at <u>12:20</u> am., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Harland</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ironton, Missouri</u>	
23c. DATE SIGNED <u>10-16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Home</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> 128	
25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS _____	

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell White \_\_\_\_\_

Licensed Embalmer No. 3017 \_\_\_\_\_

P. O. Address Quinton, Tex. \_\_\_\_\_

**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.