

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35840

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 314	
1. PLACE OF DEATH a. COUNTY Saline b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo. c. LENGTH OF STAY (In this place) 2 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall d. STREET ADDRESS (If rural, give location) Arrow Rock Twn. 3 Miles North West-Arrow Rock.			
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Clark c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) October 29-50		5. SEX Female 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH October 23-1874		9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Linn, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Tom Clark		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry W. Aselmeyer	
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 ADDRESS Henry Aselmeyer, Nelson, Mo. R.F.D.			
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, asthma, etc. - It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Diabetes mellitus 2 - Chronic nephritis 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
19a. DATE OF OPERATION None		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) (Min.)		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 Oct. 29 , 19 50 , to Oct. 29 , 19 50 , that I last saw the deceased alive on Oct. 29 , 19 50 , and that death occurred at 11:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED Oct. 3, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/31/50		24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery		24d. LOCATION (City, town, or county) (State) 3 miles N. West - Marshall, Mo.	
DATE REC'D BY LOCAL REG. Oct 30 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Marshall, Mo.	

RECEIVED 11-8-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed _____ 11-8-50 _____

MAY 5 1953

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

J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address *Marshall, 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.