

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36807

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3922 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>8 Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u> <u>0411</u>	
		d. STREET ADDRESS (If rural, give location) <u>Ferguson St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ora</u>	b. (Middle) <u>Dean</u>	c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 5 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10 October 1900</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Park</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>J. P. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Laura H. Parman</u>	14. NAME OF HUSBAND OR WIFE <u>Octavia Clark</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-34-8959</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Octavia Clark, Bethany, Mo.</u>	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) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
2. ANTECEDENT CAUSES 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.			<u>151A</u>

19a. DATE OF OPERATION <u>June 15-30</u>	19b. MAJOR FINDINGS OF OPERATION <u>Operation, and Laboratory tests showed Carcinoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. 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) (Min.)	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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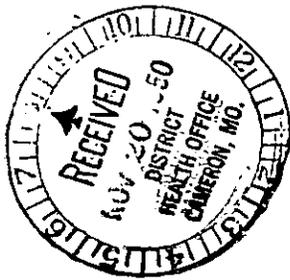
22. I hereby certify that I attended the deceased from June 15, 1950 to Nov 5, 1950, that I last saw the deceased alive on November 5, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Burriss P. Wood, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bethany, Missouri</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/13/50</u>	REGISTRAR'S SIGNATURE <u>Zola Burriss</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. Haas</u>	ADDRESS <u>Bethany, Mo.</u>
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WRITE PLAINLY—USING UNFADING 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 M. B. Haas .....

Licensed Embalmer No. 3899 .....

P. O. Address Bethany, 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.