

37336

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>447</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Independence)		c. LENGTH OF STAY (In this place) 9yrs		c. CITY (If outside corporate limits, write RURAL and give town OR TOWN Independence)		0484			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San. Indep, Mo				d. STREET ADDRESS (If rural, give location) 1318 W. 25th					
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) FIELD c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1950						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 10, 1950		9. AGE (In years, months, days) 42	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Sales Engineer		10b. KIND OF BUSINESS OR INDUSTRY Butler Mfg. Co.		11. BIRTHPLACE (State or foreign country) Jewell Kansas /		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Eugene Clark		13b. MOTHER'S MAIDEN NAME Minnie Field		14. NAME OF HUSBAND OR WIFE Mrs. Miriam L. Clark					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 477-20-8037		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Miriam L. Clark					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction				ANTECEDENT CAUSES				2 hrs.	
DUE TO (b) Coronary sclerosis				DUE TO (c) Ventricular fibrillation				2 1/2 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201				15 minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 <u>April 12, 1948</u> , to <u>Nov 19, 1950</u> , that I last saw the deceased alive on <u>Nov 20, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. Anderson				23b. ADDRESS 1318 W. 25th Independence, Mo.		23c. DATE SIGNED 11/20/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Jewell Kansas		24d. LOCATION (City, town, or county) (State) Jewell Kansas				
DATE REC'D BY LOCAL REG. Nov. 21-1950		REGISTRAR'S SIGNATURE [Signature]		SPECIAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Indep. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

REC 11/19/50

Faint, mostly illegible text at the top of the page, possibly containing a name and address.

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Henry S. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.