

No. 300
10.48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37896

0740

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

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct	c. LENGTH OF STAY (in this place) 10 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Calvin	b. (Middle) Arthur	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) Nov 15, 1950
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5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 1, 1871	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 14	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Stark Co Illinois	12. COUNTRY OF WHAT COUNTRY? US
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13a. FATHER'S NAME Nathan Clark	13b. MOTHER'S MAIDEN NAME Lydia Cozad	14. NAME OF HUSBAND OR WIFE Flora Stevens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Calvin Clark	ADDRESS Burl. Jct Mo
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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, asthma, 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) Carcinoma of prostate 1940		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) M states Carcinoma of prostate DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			177X

19a. DATE OF OPERATION 1941	19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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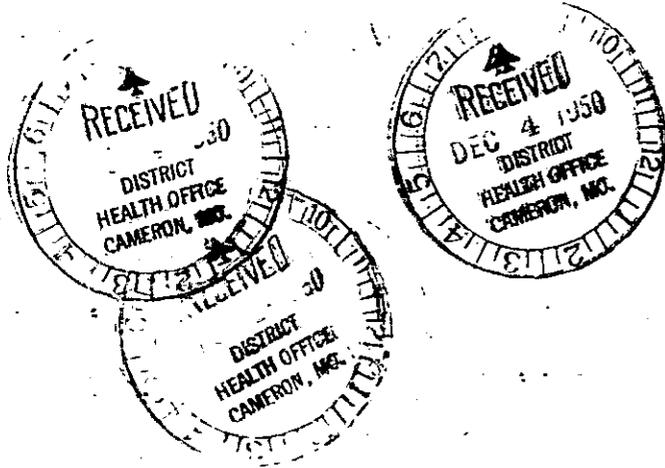
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:55 Pm., from the causes and on the date stated above.

22a. SIGNATURE B. F. Byrd M.D.	(Degree or title)	22b. ADDRESS Maryville Mo	22c. DATE SIGNED 11/16/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/18, 1950	24c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery	24d. LOCATION (City, town, or county) (State) Burl. Jct Mo
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DATE REC'D BY LOCAL REG. 12-2-50	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE J. A. ...	ADDRESS Burlington Jct Mo
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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 _____

Licensed Embalmer No. 2968

P. O. Address Burl. Johns

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.