

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38072

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6003 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakwood 1st St.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3600 Market St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3918 New London Road			

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) ANN	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 13, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 MIN. Hours	IF UNDER 12 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Spencersburg, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Deporter N. Spencer	13b. MOTHER'S MAIDEN NAME Susan Evaline Cook	14. NAME OF HUSBAND OR WIFE Duffield Clark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Fuqua, Oakwood, 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, asphyxia, 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) Hypertensive Heart Disease		3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		443X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteries atherosclerosis			3 yrs
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)
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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 4-16-48, 1950, to 11-10-50, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 1:20p m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) U. M. D.	23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 11-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/13/50	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park, Hannibal, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Nov 14, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 18 1958
DISTRICT HEALTH OFFICE #
District File Number 11-50
Date Filed: NOV 22 1958

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

Novel E. Foster

Licensed Embalmer No. 4742

P. O. Address *Hannibal, 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.