S. No. 300
V. 10.46

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

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39488

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Putnam-Sare Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 1262 South Ellsworth

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): Claycomb
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): November 19-1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 7 1881
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 0, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book keeper
10b. KIND OF BUSINESS OR INDUSTRY: For Dr.A.C.Putnam
11. BIRTHPLACE (State or foreign country): Herndon-Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Claycomb
13b. MOTHER'S MAIDEN NAME: Mary Emma Wilson
14. NAME OF HUSBAND OR WIFE: Rufus B.Clark-Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 495-07-2242
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Josephine Claycomb-Marshall-Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Thrombotic gangrene — INTERVAL BETWEEN ONSET AND DEATH: 4 yds.

ANTECEDENT CAUSES

Morbid 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.

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19a. DATE OF OPERATION: 11-1-50
19b. MAJOR FINDINGS OF OPERATION: Thrombotic gangrene of right leg
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7. *, 19*50 *to* Nov. 19 *, 19*50*, that I last saw the deceased alive on* 11-19 *, 19*50*, and that death occurred at* 10:45 P.M. *, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.C.Putnam M.D.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 11-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/22/50
24c. NAME OF CEMETERY OR CREMATORY: Bridge Park Cem.
24d. LOCATION (City, town, or county) (State): Marshall, Mo.

DATE REC'D BY LOCAL REG.: Nov. 21-1950
REGISTRAR'S SIGNATURE: Sidney T. Gray
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. Leslie Kersey Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11/28/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 11/28/50

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed J. Leslie Surrey

Signed .....
Student Embalmer

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.