

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41504  
Registrar's No. 90

650  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Morgan Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercer Co. Rest Home</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harrison</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Clark</b>			4. DATE OF DEATH <b>12-21-50</b> (Month) (Day) (Year)
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 23, 1889</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Mercer Co., Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Thomas Clark</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Lyles</b>		14. NAME OF HUSBAND OR WIFE <b>Ellen Clark</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Jodie Clark</b> ADDRESS <b>Princeton, Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES <b>several years</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>382X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (Min)		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 <b>Dec 18, 1950</b> , to <b>Dec 21, 1950</b> , that I last saw the deceased alive on <b>Dec 18, 1950</b> and that death occurred at <b>10:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Marcus Lambert M.D.</b> (Degree or title)		23b. ADDRESS <b>Princeton, Mo</b>	
23c. DATE SIGNED <b>12/23/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>12-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>	
24d. LOCATION (City, town, or county) (State) <b>Princeton, Mo</b>		DATE REC'D BY LOCAL REG. <b>12-24-50</b>	
REGISTRAR'S SIGNATURE <b>M. J. Ruth Sup</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b> ADDRESS <b>Princeton, Mo</b>	

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 me

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Neil Mass

Signed.....  
Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Cameron, N.C.

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.