

No. 300
FILED JAN 16 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 98
Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - New Home Twp</u>		d. STREET ADDRESS (If rural, give location) <u>R.F. D. Foster, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Miles</u> b. (Middle) <u>Ashley</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-2-1898</u>	9. AGE (In years last birthday) <u>52</u>	10. MONTHS <u>9</u>	
11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Mortimer Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Davidson</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian M. Clark</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian M. Clark R.F. D. Foster, Mo.</u>				
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) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Diabetic Coma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u> <u>26 hr.</u>
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)			
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 <u>Jan 2, 1951</u> to <u>Jan 4, 1951</u> , that I last saw the deceased alive on <u>Jan 4, 1951</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Carter W. Lutes M.D.</u>			23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>1-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 8-1951</u>	REGISTRAR'S SIGNATURE <u>Randall Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Underwood</u>	ADDRESS <u>Butler Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-11-51

FEB 24 1951

OCT 18 1950

JAN 16 1951

FEB 1 1961

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 Robert G. Steinbech

Signed _____
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, Me.

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.