

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 204

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (In this place) <u>24 HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY</u> <u>0440</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>CUNNINGHAM</u>		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB.</u> <u>2</u> <u>1951</u>	
5. SEX <u>MALE</u> <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <u>2</u>		8. DATE OF BIRTH <u>AUG. 27. 1875</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>HOLT CO. MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOHN CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>CYNTHIA BOYD</u>		14. NAME OF HUSBAND OR WIFE <u>BELLE STEWART CLARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EFFIE CHANDLER MERCY HOSPITAL</u> <u>ST. JOSEPH, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FREZZING OF FEET & LEGS.</u> - 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. <u>CHRONIC SUPPURATIVE OSTEO MYELITIS 5 YEARS.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS.</u> <u>89399</u> <u>46'</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) m.		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.</u> , 19 <u>49</u> , to <u>FEB 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>FEB 1</u> , 19 <u>51</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard E. Cobbin A.G. D.O.F.</u>				23b. ADDRESS <u>Oregon Mo.</u>		23c. DATE SIGNED <u>Feb 3 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST CITY</u>		24d. LOCATION (City, town, or county) (State) <u>FOREST CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casco</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pittzjohn</u>		ADDRESS <u>Oregon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.