

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1388

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 28

0485

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (In this place) 4-MONTHS	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 109 S. UNION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE : RURAL. 0480 Blue	
		d. STREET ADDRESS (If rural, give location) ROUTE NO. 4, BOX 962 SHRANK ROAD	

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) MAE	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) JAN. 19 1951
-------------------------------------	----------------	-----------------	-----------------	--

5. SEX FEMALE /	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 2	8. DATE OF BIRTH MAR. 20 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
-----------------	------------------------	---	-------------------------------	------------------------------------	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) AGENCY IOWA /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	-------------------------------------

13a. FATHER'S NAME HURLEY	13b. MOTHER'S MAIDEN NAME REBECCA GAIN	14. NAME OF HUSBAND OR WIFE FRANK H. CLARK
---------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NELLIE M. BRADY RT. 4 BOX 962
--	------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration -		INTERVAL BETWEEN ONSET AND DEATH 10 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis - 10 year general arterio-sclerosis - 10 year DUE TO (c) Senility - (83y) - 3 year		4201
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred W. Hinkley, M.D.	23b. ADDRESS 10229 Independence Rd., KC-30	23c. DATE SIGNED 1/19/51
--	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)	24b. DATE JAN 20 1951	24c. NAME OF CEMETERY OR CREMATORY MOUNTAIN GROVE	24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI
--	-----------------------	---	---

DATE REC'D BY LOCAL REG. Jan. 20-1951	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS INDEPENDENCE MO
---------------------------------------	-----------------------------------	-----	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1 RECD

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.....

Student Embalmer

Signed.....

John M. Heiman

Licensed Embalmer No. *4704*

P. O. Address *Independence, 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.