

FILED MAR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9556
Registrar's No. 95

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia Rural		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia Rural	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) Buena Vista Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) S. c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 26, 1879		9. AGE (In years last birthday) Months Days 71		10. UNDER 1 YEAR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Moniteau County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James Smith		13b. MOTHER'S MAIDEN NAME Clara Bertner		14. NAME OF HUSBAND OR WIFE James A. Clark	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wilbur Clark, Rogers Ark.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchial Proneuria ANTECEDENT CAUSES Freshwood left tumor leg Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 11:30	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION n80		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 17 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? by fall in Room	
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22. I hereby certify that I attended the deceased from **47 Mar, 1951** to **Mar 17, 1951**, that I last saw the deceased alive on **Mar 16, 1951**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. J. P. [Signature]		(Degree or title)		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 3/21/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/20/51		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
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DATE REC'D BY LOCAL REG. 3/21/51		REGISTRAR'S SIGNATURE [Signature]		25. GENERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Caring Sedalia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

8004

RECEIVED 3-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-26-51

72 111st

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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Seclavia 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.