No. 300
10.48
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FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9666

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5.1.8 Beerbleeder

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Dave
b. (Middle) Clark
c. (Last)

4. DATE OF DEATH (Month) Mch (Day) 19th (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 29th 1869
9. AGE (In years last birthday) 81 — If under 1 year: Months 5 Days 20 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Boilermaker
10b. KIND OF BUSINESS OR INDUSTRY Wabash RR
11. BIRTHPLACE (State or foreign country) O Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Clark
13b. MOTHER'S MAIDEN NAME Betty Esry
14. NAME OF HUSBAND OR WIFE Lula

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Mrs Lula Clark. **ADDRESS** Moberly Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) 4500 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14-51, 19___, *to* 3-19-51, 19___, *that I last saw the deceased alive on* 3-10-51, 19___, *and that death occurred at* 3:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE E. T. Whitaker (Degree or title) D.O.
23b. ADDRESS Moberly Mo
23c. DATE SIGNED 3-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mch 29th 1951
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) Moberly Mo (State)

DATE REC'D BY LOCAL REG. Mar 21-51
REGISTRAR'S SIGNATURE Leah Williams Lowe 6264
25. FUNERAL DIRECTOR'S SIGNATURE Malraw and Son **ADDRESS** Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1951

Date Received: MAR 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-
Date Filed: MAR 27 1951

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 Frank D. Dewett

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.