

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17921**  
Registrar's No. **4569**

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   | PRIMARY REG. DIST. NO. <b>1003</b>  | Registrar's No. <b>4569</b>                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Palaskie</b> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place) township) <b>54 days</b>            | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crocker</b>   |   | <b>0850</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>  |  |   | d. STREET ADDRESS (If rural, give location) <b>Rural</b>  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Betty</b>   |  | b. (Middle) <b>Wilkes</b>   | c. (Last) <b>Clark</b>  | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1951</b> |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>July 22, 1882</b>   | 9. AGE (In years last birthday) <b>68</b>                 | IF UNDER 1 YEAR Months Days                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>                      | 11. BIRTHPLACE (State or foreign country) <b>Swedeborg, Mo</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>                      |
| 13a. FATHER'S NAME <b>Issac Roanz</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Margaret J. Smith</b>                    | 14. NAME OF HUSBAND OR WIFE <b>Byron Clark Sr.</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>                                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Homer Champion 829 Sanders W. G</b>   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>                      | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Adenocarcinoma of the ascending colon</b><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b><br><br><b>?</b> |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION _____   |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>153X</b>                                |   |   |  |
| 22. I hereby certify that I attended the deceased from <b>Nov. 21, 1950</b> to <b>May 15, 1951</b> that I last saw the deceased alive on <b>May 15, 1951</b> , and that death occurred at <b>1:00 A.M.</b> , from the causes and on the date stated above. |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <b>Clarence E. Mueller M.D.</b>   |  |   | 23b. ADDRESS <b>634 N. Grand Blvd.</b>  |   | 23c. DATE SIGNED <b>5-15-51</b>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal via Rail</b>  | 24b. DATE <b>5-16-51</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>               | 24d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>  |   |  |
| DATE REC'D BY LOCAL REG. <b>MAY 15 1951</b>  | REGISTRAR'S SIGNATURE <b>J B Lanter</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MITTELBERG FUNERAL HOME 73 W. LOCKWOOD BLVD. WEB. GRO.</b>                                  |   |  |

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*J. W. B. Embler*

Licensed Embalmer No. 3653

P. O. Address.....

**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.