S. No. 300
v. 10.48

FILED JUN 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20781

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4321 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia, Missouri
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia, 0660
d. STREET ADDRESS (If rural, give location): 0 None

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

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1951

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Sept 21, 1882
9. AGE (In years last birthday): 68 — 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): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Iberia, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: William Clark
13b. MOTHER'S MAIDEN NAME: Pardine Gardner
14. NAME OF HUSBAND OR WIFE: Lottie Dell Clark

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lottie Dell Clark Iberia, Missouri

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): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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.*: Metastic Carcinoma of Liver — 2 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 177X
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) (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* Aug, 1950, *to* June 13, 1951, *that I last saw the deceased alive on* 6/17/51, 19___, *and that death occurred at* 11:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. A. Gould D.O. 2
23b. ADDRESS: Iberia Mo
23c. DATE SIGNED: 6/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: June 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: Iberia Cemetery
24d. LOCATION (City, town, or county) (State): Iberia, Missouri

DATE REC'D BY LOCAL REG.: June-14-1951
REGISTRAR'S SIGNATURE: Jessie Perkins 0 195
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Billy Junior Hedges Iberia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 18 1951
MILLER COUNTY HEALTH
DEPARTMENT

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4572

P. O. Address Eldorado 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.