

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21930

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY <u>Aitchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Aitchison</u>	
b. CITY OR TOWN <u>Fairfax mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock - Part mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>			

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Emmett</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1951</u>		
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5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20 1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>book keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Aitchison Co - mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Samuel Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Clark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-09-4264</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Clark - Rock - Part mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosis, left -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Nephrosis</u>		
	DUE TO (c) <u>6000</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of liver</u>			

19a. DATE OF OPERATION <u>7-1-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large abscess, left upper Abd quadrant -</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-18, 1951, to 7-7, 1951, that I last saw the deceased alive on 7-9, 1951, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. E. Moore, M.D.</u>	23b. ADDRESS <u>Tarkio, Mo.</u>	23c. DATE SIGNED <u>7/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 9 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tarkio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tarkio mo</u>
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DATE REC'D BY LOCAL REG. <u>July 11, 1951</u>	REGISTRAR'S SIGNATURE <u>443 Darwin H. Schuler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burtam Funeral Home</u>	ADDRESS <u>Rock Post mo</u>
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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 _____

C. E. Putnam

Student Embalmer No. _____

working under my personal supervision.

Signed *C. E. Putnam*

Signed _____
Student Embalmer

Licensed Embalmer No. *1064*

P. O. Address *Rock Port 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.