

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27594

State File No. _____

FILED SEP 10 1951

0600
3

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

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5718		Registrar's No. 60		
1. PLACE OF DEATH a. COUNTY MCDONALD				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDONALD				
b. CITY (If outside corporate limits, write RURAL and give township) SOUTH WEST-CITY		c. LENGTH OF STAY (in this place) 33 yrs		c. CITY (If outside corporate limits, write RURAL and give township) SOUTH WEST City 0600		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE								
3. NAME OF DECEASED (Type or Print) EDWARD-JACKSON-CLARK.			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 8-3-51		8. DATE OF BIRTH 1-18-1898		9. AGE (In years last birthday) 53 6 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M-1		11. BIRTHPLACE (State or foreign country) MADISON CO. ARK.		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY SAME		12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME T.W. CLARK.		13b. MOTHER'S MAIDEN NAME MOLLIE T. PATRICK RACHEAL-L. CLARK.		14. NAME OF HUSBAND OR WIFE RACHEAL-L. CLARK.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 492-36-0656		17. INFORMANT'S SIGNATURE OR NAME Racheal L. Clark				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Collapsed Chest				INTERVAL BETWEEN ONSET AND DEATH Sudden		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Broken neck				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) Accident Public Highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Southwest City - McDonald Mo.		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Southwest City - McDonald Mo.				
21d. TIME OF INJURY 8-3-51 8:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Car & Tractor Collision				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE D. M. Humphrey				23b. ADDRESS Russell Mo.		23c. DATE SIGNED 8-5-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 8-12-51		24c. NAME OF CEMETERY OR CREMATORY SOUTH WEST CITY		24d. LOCATION (City, town, or county) (State) SOUTH WEST-CITY-MO		
DATE REC'D BY LOCAL REG. 8-12-51		REGISTRAR'S SIGNATURE Maryne Humphrey		25. GENERAL DIRECTOR'S SIGNATURE D. M. Humphrey				
				ADDRESS Russell Mo.				

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED SEP 18 1951
Dist. File _____
Date Filed 9-15-51

RECEIVED
DISTRICT HEALTH DEPARTMENT
SPRINGFIELD

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 Mayme E. Humphrey
Licensed Embalmer No. 4262

P. O. Address Princeton, 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.