

No. 300
10. 48

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43721

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6090 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Liberty twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Liberty Township	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 10 miles s-w of Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles s-w of Marshall			

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Cora c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 24, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR (Months) (Days) 2 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Presley Townsend	13b. MOTHER'S MAIDEN NAME Minnie Caton	14. NAME OF HUSBAND OR WIFE W. V. Clark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Minnie V. Clark	ADDRESS Marshall, Mo R#2
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Shock of Hypertension		
	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. E 8234 32			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) 8 Miles S. W. Marshall Liberty	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saline Mo
21d. TIME OF INJURY Dec 14, 1951 7 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? By succumb on icy road ran in ditch

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 **2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. L. Lewis	23b. ADDRESS Coroner Saline Co. 5 Marshall Mo.	23c. DATE SIGNED 12-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery	24d. LOCATION (City, town, or county) (State) Nelson, Missouri
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DATE REC'D BY LOCAL REG. 12/18/51	REGISTRAR'S SIGNATURE Dolly Andrew Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Lewis-Marshall, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-26-51 _____

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 *J. H. Lewis* _____

Licensed Embalmer No. 1171 _____

P. O. Address *Marshall - 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.