

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY McDonald 0600		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) ANDERSON (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) ANDERSON	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) MAY c. (Last) CLARK		4. DATE OF DEATH (Month) (Day) (Year) DEC 5-1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 3-31-1881
9. AGE (In years last birthday) 70		10. AGE (In years last birthday) 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	
11. BIRTHPLACE (State or foreign country) Rock Co. South Dakota		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME JACOB MERKEH		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE OW CLARK (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME SOCIAL SECURITY RECORDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME SOCIAL SECURITY RECORDS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck		ANTECEDENT CAUSES Internal Injuries		Sudden	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		1900 E 8124 25			

21a. ACCIDENT OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Anderson McDonald MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-5-51 9:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by Motor Vehicle	

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 M. M. Humphrey (Degree or title) Coroner		23b. ADDRESS Pineville, MO		23c. DATE SIGNED 12-31-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-10-1951		24c. NAME OF CEMETERY OR CREMATORY ANDERSON		24d. LOCATION (City, town, or county) (State) ANDERSON MO.	
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DATE REC'D BY LOCAL REG. Dec 6-51		REGISTRAR'S SIGNATURE Mayme Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE TATUM FUNERAL HOME		ADDRESS ANDERSON, MO.	
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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 And-

Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson 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.