

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1196

258

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 31 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		2038	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 6143 WORNALL ROAD				d. STREET ADDRESS (If rural, give location) 6143 WORNALL ROAD			
3. NAME OF DECEASED (Type or Print) a. (First) ETTA		b. (Middle)		c. (Last) CLARK		4. DATE OF DEATH (Month) (Day) (Year) JAN-16-1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC-17-1860	9. AGE (In years last birthday) 91	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (State or foreign country) GREENRIDGE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM WILLIAMS		13b. MOTHER'S MAIDEN NAME MARY GLASS		14. NAME OF HUSBAND OR WIFE BENJAMIN D. 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. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. B. F. CLYATT			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY SCLEROSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION  DUE TO (c) CANCER L. BREAST PROBABLE CANCER CORONARY				INTERVAL BETWEEN ONSET AND DEATH YRS. YRS.	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE 0		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) 0		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from FEB 13, 1952, to Jan 16, 1952, that I last saw the deceased alive on Jan 9, 1952 and that death occurred at 1:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE P. C. Quistgaard (Name or title) P. C. Quistgaard MD, MD				23b. ADDRESS 6244 Prospect KE MO		23c. DATE SIGNED Jan 16 1952	
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE JAN 18 1952	24c. NAME OF CEMETERY OR CREMATORY VICTORY POINT CEMETERY		24d. LOCATION (City, town, or county) (State) NEAR GREENRIDGE, MO.		
DATE REC'D BY LOCAL REG 1-17-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Robert Ray*.....

Licensed Embalmer No. *4182*.....

P. O. Address *Kansas City, 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.