

FILED MAR 3 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4464
Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jamesport
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Clay
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jamesport 0310
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) HENRY b. (Middle) LEE c. (Last) CLARK
 (Type or Print)
4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1952

5. SEX M **6. COLOR OR RACE** W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 16-1883
9. AGE (In years less birthday) 69 **IF UNDER 1 YEAR** Months 1 **IF UNDER 6 HRS.** Days 8 Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grundy Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Will Clark **13b. MOTHER'S MAIDEN NAME** Nancy Morris **14. NAME OF HUSBAND OR WIFE** Sarah E Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none **17. INFORMANT'S SIGNATURE OR NAME** Colonel Clark **ADDRESS** Jamesport Mo.

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) Aemia
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arterio Sclerosis
 DUE TO (c) Senile Dementia
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days
5 yrs
2 mo.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 4500
20. AUTOPSY? YES NO

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)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1951 to Feb 23, 1952, that I last saw the deceased alive on Feb 23, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Bailey **23b. ADDRESS** Jamesport Mo. **23c. DATE SIGNED** 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Feb 26-1952 **24c. NAME OF CEMETERY OR CREMATORY** Burial Home **24d. LOCATION** (City, town, or county) (State) Livingston County Mo.

DATE REC'D BY LOCAL REG. 2-25-52 **REGISTRAR'S SIGNATURE** Virginia M. Engelhardt **25. FUNERAL DIRECTOR'S SIGNATURE** W. O. Robinson **ADDRESS** Jamesport Mo.

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

7
MAY 25 1959

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.

Student Embalmer No.....

Signed.....

A. L. Robinson

Signed.....

Student Embalmer

Licensed Embalmer No. 3244

P. O. Address Jamestown

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.