

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1952

1570

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

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u>		c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u> <u>0520</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLA FAHEY RESIDENCE</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>CLARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11 52</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 22 1863</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>	IF UNDER 1 WEE. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PATRICK CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE FITZPATRICK</u>		14. NAME OF HUSBAND OR WIFE <u>JANE CLARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Fahey Edna, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>valvular heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture of hip some</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>April 2 49</u> <u>1948</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214 F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 <u>Sept</u> , 19 <u>45</u> , to <u>March 10</u> , 19 <u>52</u> , 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 (Degree or title) <u>Dr. G. Lunnan M.D.</u>				23b. ADDRESS <u>Edina Mo.</u>		23c. DATE SIGNED <u>Mar 12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW CATHOLIC</u>		24d. LOCATION (City, town, or county) (State) <u>EDINA MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 12-52</u>		REGISTRAR'S SIGNATURE <u>Will S. Hunst</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard B. Kelly</u>		ADDRESS <u>Edina, Mo.</u>	

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 Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edina, 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.