

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13712**

APR 23 1952

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5866** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Myrtle rural)		c. CITY (If outside corporate limits, write RURAL and give township) Myrtle rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Myrtle rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Myrtle rural		d. STREET ADDRESS (If rural, give location) Myrtle rural	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) BLOOMER c. (Last) CLARK		4. DATE OF DEATH (Month) (Day) (Year) April 8, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 10, 1892
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Myrtle, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Martin Clark		13b. MOTHER'S MAIDEN NAME Mary Garrison	14. NAME OF HUSBAND OR WIFE Minnie Williams 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.	17. INFORMANT'S SIGNATURE OR NAME Minnie Clark ADDRESS Myrtle, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 80% of Body Destroyed		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) Which also was Destroyed	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION by fire	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
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 10:00 p.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Sec. Doc. Martin C. Carson	
23b. ADDRESS 21 Hayes St. No.		23c. DATE SIGNED 4-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/10/52	
24c. NAME OF CEMETERY OR CREMATORY Bird Cemetery		24d. LOCATION (City, town, or county) (State) Myrtle (rural) Oregon Mo.	
DATE REC'D BY LOCAL REG. Apr. 18, 1952		REGISTRAR'S SIGNATURE Arthur Wolff	
25. FUNERAL DIRECTOR'S SIGNATURE Arthur Wolff		ADDRESS Myrtle, Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

- 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.